

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90015 021 \*\*\*158.75

<b>DOCUMENT # P99000002727</b> 1. Entity Name HEAVEN SENT CONSULTANTS, INC.			
Principal Place of Business 200 S.E. FIRST ST. SUITE 1101 MIAMI, FL 33131		Mailing Address 200 S.E. FIRST ST SUITE 1101 MIAMI, FL 33131	
2. Principal Place of Business 4000 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 470 City & State Coral Gables, FL Zip 33146 Country USA		3. Mailing Address 4000 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 470 City & State Coral Gables, FL Zip 33146 Country USA	
4. FEI Number 65-0893145		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HARRIS, CARLA 200 S.E. FIRST ST SUITE 1101 MIAMI, FL 33131		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 4000 Ponce de Leon Blvd. Ste. 470 City Coral Gables, FL Zip Code 33146	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Carla Harris, CEO</u> 3/27/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY ST ZIP	P HARRIS, CARLA 200 S.E. FIRST ST, STE 1101 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4000 Ponce de Leon Blvd. Ste. 470 Coral Gables, FL 33146
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Carla Harris, CEO</u> 3/27/06 305-444-1087 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digits Phone #</small>			