NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2005 8:00 am
Secretary of State
05-31-2005 90005 047 ***450.00

DOCUMENT # P99000020499

1. Entity Name
HEART GALLERY PRESS, INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
900 CENTRAL AV	900 CENTRAL AV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG FL	City & State: ST. PETERSBURG FL
Zip: 33705 Country: USA	Zip: 33705 Country: USA

4. FEI Number: 59-3573149 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHAEL E. MCIVOR
Street Address (P.O. Box Number is Not Acceptable): 900 CENTRAL AV
City: ST. PETERSBURG FL Zip Code: 33705

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MICHAEL E. MCIVOR 900 CENTRAL AV ST. PETERSBURG FL 33705	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael E. McIvor 5/23/05 (727) 823-4279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #