FOR PROFIT CORPORATION

FILED May 13, 2002 8:00 am

December 100 MEPONI (OBN)					Secretary of State	
DOCUMENT #P9900000000000000000000000000000000000					05-13-2002 90193 008 ***150.00	
1. Entity Name						
Harp And Heart Incorporated						
DO NOT WRITE IN THIS SPACE					,	
DO NOT WHITE IN THIS SPACE					•	
2. Principal	Place of Business	3. Mailing Address				
Suite Apt. #, etc. Suite Apt. # etc.			lake D	<u>xc.</u>		
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State City & State		4. FEI Number 50 3 3 0 0 0 Applied For				
Zip	Zip Country Zip		593587170 Applicable			
	Godnity	²¹⁰ 33647	Country	5.	Certificate of Status Desired	
[A1 V					ame and Address of Current Registered Agent	
DO NOT WRITE				DICK	ens, mark 5	
IN THIS SPACE			Street Address (P.O. Box Number is Not Acceptable)			
					SONA	
	6	_	City 1	emple	Terrace FL ZB Code 17	
8. The above named entity submits this statement for the purpose of changing its registered office or registered a					ent, or both in the State of Florida	
10/10/11/2 (1-						
SIGNATURE 4/20/02 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00					DATE	
Tax filing requirement and elects to do so. After May 1 Amended			ee is \$550.00 BR is \$61.25		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
(See criteria on back) Make Check Payable 11. OFFICERS AND DIRECTORS			o Department	of State	Trust Fund Contribution.	
TITLE			TITLE			
NAME	Fuller, Beverlie	S Deine	NAME		· ·	
STREET ADDRESS CITY-ST-ZIP		3647	STREET ADDRESS			
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NAME STREET ADDRESS			NAME		IN THIS SPACE	
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NAME STREET ADDRESS		. 1	NAME			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		·	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverlie D. Fuller April 24, 2002 (813) 986-933/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR