

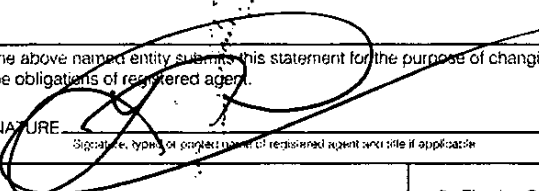
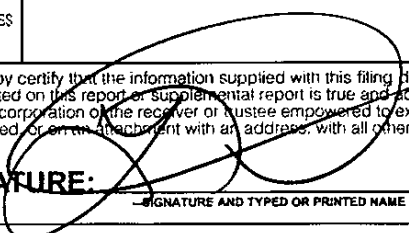


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90007 032 ***150.00

DOCUMENT # P99000086543 1. Entity Name HERITAGE FUNDING GROUP, INC.																																	
Principal Place of Business 195 COQUINA COURT ORMOND BEACH, FL 32176				Mailing Address 195 COQUINA COURT ORMOND BEACH, FL 32176																													
2. Principal Place of Business 699 MASON AVENUE Suite, Apt. #, etc. Suite B		3. Mailing Address P.O. Box 12160 Suite, Apt. #, etc.																															
City & State DAYTONA BEACH, FL		City & State DAYTONA BEACH, FL		4. FEI Number 59-3604877																													
Zip 32117		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent FORD, LAWRENCE 195 COQUINA CT ORMOND BEACH, FL 32176				7. Name and Address of New Registered Agent Name LAWRENCE FORD Street Address (P.O. Box Number is Not Acceptable) 699 MASON AVENUE SUITE B City DAYTONA BEACH FL Zip Code 32117																													
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  DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D <input type="checkbox"/> Delete FORD, LAWRENCE D 195 COQUINA COURT ORMOND BEACH, FL 32176 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FORD, LAWRENCE D 195 COQUINA COURT ORMOND BEACH, FL 32176													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 539 N. OLEANDER AVENUE DAYTONA BEACH FL 32118 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 539 N. OLEANDER AVENUE DAYTONA BEACH FL 32118												
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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:  Lawrence Ford 2/8/2006 386-451-6039 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																	