2006 FOR PROFIT CORPORATION

May 03, 2006 8:00 am Secretary of State ANNUAL REPORT 05-03-2006 90208 038 ***150.00 DOCUMENT # P99000108633 HEAVEN ENTERPRISES, INC. 4000Tnoa... Mailing Address Principal Place of Business 6624 GATEWAY AVE 6624 GATEWAY AVE SARASOTA, FL 34231 SARASOTA, FL 34231 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 CR2E034 (11/05) City & State City & State 4. FELNumber Applied For 65-0967721 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEWIS, KURT F Street Address (P.O. Box Number is Not Acceptable) 6624 GATEWAY AVE SARASOTA, FL 34231 Zip Code 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, typed of printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees . After May 1, 2006 Fee will be \$550.00 · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change 1 Addition BRYANT, GERALDINE Gobourne, Geraldine NAME NAME 6624 Outeway Ave STREET-ADDRESS 6624 GATEWAY AVE STREET ADDRESS SARASOTA, FL 34231 CITY-ST-ZIP CITY-ST-ZIP Sarasuta, FL 34231 Delete TITLE TITLE Change ■ Addition Gubourne, Geraldine BRYANT, GERALDINE NAME NAME 6624 Gateway Are. STREET ADDRESS 6624 GATEWAY AVE STREET ADDRESS SARASOTA, FL 34231 CITY-ST-ZIP CITY-ST-ZIP Scrainte Fr 34231 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE_ ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

signature and typed or Printed Name of Signing Officer or Director