2006 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 11, 2006 8:00 am Secretary of State DOCUMENT # S59649 1. Entity Name 07-21-2006 90023 014 ***150.00 **HEIDI & JOE INC** Principal Place of Business Mailing Address **612 LAUREL LAKES DRIVE** 612 LAUREL LAKES DRIVE MOUNTAINTOP, PA 18707 MOUNTAINTOP, PA 18707 CR2E034 (11/05) 08282006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0267426 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SCHOONMAKER, RICHARD DO NOT WRITE 1948 S.E. PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34952 IN THIS SPACE 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10, TITLE MELCHIONA, JOSEPH NAME STREET ADDRESS 612 LAUREL LAKES DRIVE CITY-ST-ZIP MOUNTAINTOP, PA 18707 TITLE Heidi-Maria Melchiona 612 Laurel Lakes Dr. STREET ADDRESS CITY-ST-ZIP Mountain Top, PA 18787 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - 7JP TITLE IN*THIS*SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MARKE STREET ADDRESS CITY-ST-ZIP 12. Thereby 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.

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2006 FOR PROFIT CORPORATION

7/21/2006-90023-014-\$150.00-\$150.00

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2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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12. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or direct.	indicated	on this report or supplemental report is	true and accurate and the	nat my siona	lure shall har	ive the same legal effect as if made under path; that I am an officer or direct
of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block if changed, or on an attacture with an addiess, with all other like empowered.	of the cor	poration or the receiver of trustee emp	owered to execute this re	POOR AS FEOR	ired by Cha	opter 607, Florida Statutes; and that my name appears in Block 10 or Block

ATTACHMENT

Re; document # S59649

Annual report/for profit corporation

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I am sending this form to file for our annual report for 2006. The president of our corporation has been ill and in and out of the hospital for the past few months and has been unable to take care of this matter. As secretary of our corporation Heidi and Joe Inc. I have finally been able to sort through our paperwork and am requesting due to Joseph's health that the extra 400.00 penalty fee be waived at this time due to his health problems. I have enclosed the check to keep our corporation current and have added myself to the list of officers. Please advise me if this one time exception can be waived. My phone number is 570. 332-1349 if there is anything that is needed for verification of his condition to waive this penalty.

Sincerely,

Heidi-Maria Melchiona

Seidi - Maria Melchiona

Secretary