

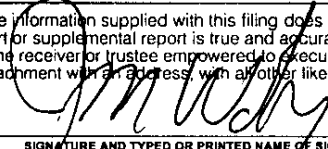


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90010 048 ***150.00

DOCUMENT # S93165 1. Entity Name HEARTLAND REAL ESTATE, CORP.					
Principal Place of Business 7400 ARBUCKLE CREEK RD SEBRING, FL 33870 US			Mailing Address P.O. BOX 1069 SEBRING, FL 33871-1069 US		
2. Principal Place of Business - No P.O. Box # 3200 US Highway 27 South Suite, Apt. #, etc. Suite 307		3. Mailing Address 3200 US Highway 27 South Suite, Apt. #, etc. Suite 307			
City & State Sebring, FL		City & State Sebring, FL		03122007 Chg-P CR2E034 (12/06)	
Zip 33870		Country USA		4. FEI Number 59-3094959	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WOHL, JAMES MACLYN 1800 STATE ROAD 17 SOUTH AVON PARK, FL 33825			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WOHL CASEY 1800 STATE RD 17 SOUTH AVON PARK, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV WOHL, JAMES MACLYN 1800 SR 17 S. AVON PARK, FL 33825		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  James M Wohl, March 12, 2007, (863) 382-3887					