## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 24, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
1. Entity Nac				Secre	iary or State	
HEARTH	ISTONE PARTNERS, INC.			}		
Principal Pla	ce of Business	Mailing Address	<u> </u>	1		
2325 ULME Suite 20	RTON RD	2325 ULMERTON RD SUITE 20				
	R, FL 33762	CLEARWATER, FL 33762		1 1288/1881		
r	O NOT WRITE	CE.	03142006 No Chg-P CR2E034 (11/05)			
DO NOT WRITE IN THIS SPACE				4. FEI Numb 65-109		Applied Fo
				5. Certificate	of Status Desired	S8.75 Additional Fee Required
<u></u>	6. Name and Address of Current Re	gistered Agent	-			
MORRIS, GREGORY D 2325 ULMERTON RD				DO	<b>NOT W</b>	RITE
SUITE 20 CLEARWATER, FL 33762				IN .	THIS SP	PACE
OLL, IXIV						
5. The above	a named entity submits this statement for it	ne purpose of changing its register	red office or register	red agent, or bo	ith, in the State of Fic	oride. I am lamiliar with, and acc
-	Ma_				-	3/21/06
SIGNATURE	populative, typed or priviled name of registered agent and	tille if applicable. [NOTE Register	ed Agent signature required	when rengating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS			<u> </u>	
TYTLE NAME	MCNEEL, VAN L		j			
STREET ADDRESS CITY-ST-ZIP	2325 ULMERTON ROAD, STE 20 CLEARWATER, FL 33762					
TITLE	V		1			0479635
NAME	MORRIS, GREGORY D				04/10/06-	-80012-008 150.00
STREET ADDRESS CITY-\$1-21P	2325 ULMERTON ROAD, STE 20 CLEARWATER, FL 33762		1			
TITLE NAME			1			
STREET ADDRESS				DO	MOT M	DITE
CITY-ST-ZIP			1	<del></del>	NOT W	
TITLE NAME			1	IN	THIS SF	PACE
STREET ADDRESS CATY-ST-ZIP			j			
TITLE		_ <del></del>	1			
NAME STREET ADDRESS						
CITY-ST-AIP	{		1			

12. I hereby certify that the information supplied with this filling does not quality 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 ceth, 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:

TITLE NAME STREET ADDRESS

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06

127.576.6424

Daytrne Phone #