

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90103 007 \*\*\*\*61.25

<b>DOCUMENT # 709783</b> 1. Entity Name <b>HARBOR HOUSE EAST, INC.</b>					
Principal Place of Business <b>9 N BIRCH RD FORT LAUDERDALE, FL 33304-4332</b>			Mailing Address <b>9 N BIRCH RD FORT LAUDERDALE, FL 33304-4332</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1204732</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RICHARDSON, GEORGE 9 NORTH BIRCH ROAD APT 101 FORT LAUDERDALE, FL 33304</b>				7. Name and Address of New Registered Agent Name <b>AKROYD, NESTA</b> Street Address (P.O. Box Number is Not Acceptable) <b>9 North Birch Road</b> <b>Apt-201</b> City <b>Ft. Lauderdale</b> <b>FL</b> Zip Code <b>33304</b>	
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 <u><i>M. Akroyd</i></u> <u><i>Nesta Akroyd</i></u> <u><i>Jan. 13/06</i></u> <small>Signature, typed or printed name of registered agent and line if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BUHLER, SYDNEY</b> <b>9 N. BIRCH RD.</b> <b>FT LAUDERDALE, FL 00000.</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>RICHARDSON, GEORGE</b> <b>9 N. BIRCH ROAD</b> <b>FT LAUDERDALE, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>AKROYD, NESTA</b> <b>9 N BIRCH RD</b> <b>FT. LAUDERDALE, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>GREENE, MARJORIE</b> <b>9 N BIRCH RD</b> <b>FORT LAUDERDALE, FL 33304</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TEIXEIRA, DAN</b> <b>9 N. BIRCH RD.</b> <b>FORT LAUDERDALE, FL 33304</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 617, 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.					
<b>SIGNATURE: <u><i>Sydney S. Buhler</i></u> <u><i>President,</i></u> <u><i>Jan. 14/06</i></u> <u><i>954-462-0775</i></u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					