


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J03817</b> 1. Entity Name <b>HARMONY INVESTMENT CORPORATION</b>	
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<i>Principal Place of Business</i> <b>4440 BEACON CIRCLE, #100 W. PALM BCH., FL 33407</b>	<i>Mailing Address</i> <b>4440 BEACON CIRCLE, #100 W. PALM BCH., FL 33407</b>
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01062006 No Chg-F CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2653917</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ZANE, JEFFREY  
4800 RIVERSIDE DR  
STE 101  
PALM BEACH GRDNS, FL 33410**

**DO NOT WRITE  
IN THIS SPACE**

7. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PT KIRVIN, JAMES J., III 4800 RIVERSIDE DR #101 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP COHEN, JOEL E 4800 RIVERSIDE DR STE 101 PALM BEACH GRDNS, FL 33410
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S ACKERMAN, GARY 4800 RIVERSIDE DR #101 PALM BEACH GARDENS, FL 33410
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE  
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03/24/06-80038-015 150.00

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 empowers.

SIGNATURE:  DATE: **3/13/06** (561) 845-6600 X21  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR