2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000120580 1. Entity Name HARBOUR DEVELOPMENT GROUP, INC. Principal Place of Business 4635 RICHMOND RD STE 105 WARRENSVILLE HEIGHTS, OH 44128 US Mailing Address 4635 RICHMOND RD STE 105 WARRENSVILLE HEIGHTS, OH 44128 US

FILED May 02, 2007 08:00 A Secretary of State

| DO NOT WRITE IN THIS SPAC | | | | 04262007 | No Chg-P | CR2E034 (11/05) | | |
|---|---|------------------------------------|------------------------|--------------------------------|------------------------|----------------------------|---|--|
| | | | CE | 4. FEI Numbe 20-1038 | r . | Aı | oplied For ot Applicable ditional | |
| | 6. Name and Address of Current Regis | tered Agent | | | | 1 00 Noquile | | |
| BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE SUITE 350 FORT MYERS, FL 33907 | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | named entity submits this statement for the pions of registered agent. | surpose of changing its registere | ed office or regis | stered agent, or bot | h, in the State of Flo | orida. I am familiar with, | and accept | |
| 310,471,01122 | Signature, typed or printed name of registered agent and title | Il applicable (NOTE: Registered | i Agent signature requ | ured when reinstating) | | DATE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND DIREC | TORS | ; | | | | | |
| ITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP | DPST OFFENBERG, BERNARD D 5015 SW 17 AVENUE CAPE CORAL, FL 33914 VP SIMON, SIDNEY N 4635 RICHMOND ROAD #105 WARRENSVILLE HEIGHTS, OH 441: | | | · | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | NOT W | | | |
| NAME STREET ADDRESS CITY+ST-ZIP | · | | | IN 7 | THIS SF | PACE | | |
| IITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |)00755761)7-80003-008 | 150. M | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | terent besett te | | 200800 | |
| 12. I hereby o | certify that the iglormation supplied with this (| iling does not muslify for the exe | emptions contai | ned in Chapter 119 | Florida Statutes I | further certify that the | nformation | |

12. I hereby certify that the information supplied with this filing does not enable on 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute missenship to the composition of the receiver or trustee empowered to execute missenship to the composition of the receiver or trustee empowered to execute missenship to the composition of the receiver or trustee empowered to execute missenship to the composition of the receiver or trustee empowered to execute missenship to the composition of the receiver or trustee empowered to execute missenship to the composition of the receiver or trustee empowered to execute missenship to the composition of the receiver of the composition of the receiver or trustee empowered to execute missenship to the composition of the receiver or trustee empowered to execute missenship to the composition of the receiver or trustee empowered to execute missenship to the composition of the c

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

110401

Daytime Phone #