


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P98000017274</b> 1. Entity Name <b>HARBOUR PLAZA MARKETING INC.</b>		
Principal Place of Business 20803 BISCAYNE BLVD. 400 AVENTURA, FL 33180	Mailing Address 20803 BISCAYNE BLVD. 400 AVENTURA, FL 33180	

66007535



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0944391</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE  
IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Same as report or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when transacting)

**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	D CHOW, SUSAN 22ND FLOOR HUTCHISON HOUSE 10 HARCOURT RD HONG KONG.
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP LAI, DOMINIC 22ND FLOOR HUTCHISON HOUSE 10 HARCOURT ROAD HONG KONG.
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS SHIH, EDITH MS 22ND FLOOR HUTCHISON HOUSE 10 HARCOURT ROAD HONG KONG.
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DT KOH, P.C. 22ND FLOOR HUTCHISON HOUSE 10 HARCOURT RD HONG KONG.
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP CHOW, RAYMOND 22ND FLOOR HUTCHISON HOUSE 10 HARCOURT ROAD HONG KONG.
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE  
IN THIS SPACE

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: *Pohrhantoh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_  
 Office Phone \_\_\_\_\_