

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S75271

FILED
Jan 09, 2006
Secretary of State

Entity Name: HARCH CAPITAL MANAGEMENT, INC.

Current Principal Place of Business:

ONE PARK PLACE
621 N.W. 53RD STREET, STE. 620
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

ONE PARK PLACE
621 NW 53RD ST SUITE 620
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-0287661 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWITT, MICHAEL E.
ONE PARK PLACE
621 N.W. 53RD STREET, STE. 620
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARCH, JOSEPH W.,
Address: ONE PARK PL., 621 N.W. 53RD ST., STE. 620
City-St-Zip: BOCA RATON, FL

Title: COO () Delete
Name: LEWITT, MICHAEL E.
Address: ONE PARK PL., 621 N.W. 53RD ST., STE. 620
City-St-Zip: BOCA RATON, FL

Title: EVP () Delete
Name: HILL, JEFFREY H
Address: ONE PARK PL., 621 N.W. 53RD ST. S 620
City-St-Zip: BOCA RATON, FL

Title: EVP () Delete
Name: DIDONATO, JAMES C
Address: ONE PARK PL., 621 N.W. 53RD ST. SUITE 620
City-St-Zip: BOCA RATON, FL

Title: EVP (X) Delete
Name: O'NEIL, JAMES
Address: ONE PARK PLACE, 621 NW 53RD ST, ST 620
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: HARCH, JOSEPH W.,
Address: ONE PARK PL., 621 N.W. 53RD ST., STE. 620
City-St-Zip: BOCA RATON, FL

Title: P (X) Change () Addition
Name: LEWITT, MICHAEL E.
Address: ONE PARK PL., 621 N.W. 53RD ST., STE. 620
City-St-Zip: BOCA RATON, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E. LEWITT

P

01/09/2006

Electronic Signature of Signing Officer or Director

_____ Date