


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State


02-27-2006 90051 041 ***158.75

DOCUMENT # P97000007852	
1. Entity Name HARBOUR LIGHTS HOLDING COMPANY, INC.	

Principal Place of Business 8889 PELICAN BAY BLVD SUITE 400 NAPLES, FL 34108	Mailing Address 8889 PELICAN BAY BLVD SUITE 400 NAPLES, FL 34108
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2. Principal Place of Business 9010 STRADA STELL COURT Suite, Apt. #, etc. SUITE 205 City & State NAPLES FL Zip 34109 Country USA	3. Mailing Address 9010 STRADA STELL COURT Suite, Apt. #, etc. SUITE 205 City & State NAPLES FL Zip 34109 Country USA
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40018454



01102006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0731554	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HIQ CORPORATE SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

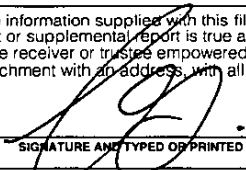
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUR, BARBARA B 300 GLEED AVENUE EAST AURORA, NY 14052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELDMAN, JOY A 300 GLEED AVENUE EAST AURORA, NY 14052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRYLINSKI, PAULETT K 300 GLEED AVENUE EAST AURORA, NY 14052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKENZIE, BARRY L 8889 PELICAN BAY BLVD STE 400 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9010 STRADA STELL CT #205 NAPLES FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, JOHN 300 GLEED AVENUE EAST AURORA, NY 14052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHUR, NEIL M JR 8889 PELICAN BAY BLVD STE 400 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9010 STRADA STELL CT, #205 NAPLES FL 34109

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

Date: 2/17/06 Daytime Phone #: 239-254-2400