


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90008 041 \*\*\*150.00

<b>DOCUMENT # 254267</b>	
1. Entity Name <b>HARBOR HOUSE ASSOCIATES INC</b>	

Principal Place of Business <b>201 N. RIVERSIDE DRIVE POMPANO BEACH, FL 33062</b>	Mailing Address <b>201 N. RIVERSIDE DRIVE POMPANO BEACH, FL 33062</b>
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**40119389**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05252007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
<b>HALE, LINDA A 201 N BAYSIDE DR 403 POMPANO BEACH, FL 33062</b>	

7. Name and Address of New Registered Agent	
Name	<b>M. Linda Holke</b>
Street Address (P.O. Box Number is Not Acceptable)	<b>201 N. Riverside Drive #403</b>
City	<b>Pompano Beach, FL</b>
Zip Code	<b>33062</b>

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	<b>M. Linda Holke, Director</b>
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)
	DATE <b>5-24-07</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEST, JIM</b>	NAME	
STREET ADDRESS	<b>201 N RIVERSIDE DR 501</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEVENS, BOB</b>	NAME	<b>Stevens, Bob</b>
STREET ADDRESS	<b>301 N BAYSIDE DR 101</b>	STREET ADDRESS	<b>201 N. Riverside Dr. 101</b>
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>	CITY-ST-ZIP	<b>Pompano Beach, FL 33062</b>
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAILE, LINDA</b>	NAME	<b>M. Linda Holke</b>
STREET ADDRESS	<b>201 N BAYSIDE DR 403</b>	STREET ADDRESS	<b>201 N. Riverside Dr. 403</b>
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>	CITY-ST-ZIP	<b>Pompano Beach, FL 33062</b>
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SKETER, WASHINGTON</b>	NAME	<b>DST Skeeter Aschinger</b>
STREET ADDRESS	<b>205 RIVERSIDE DR 502</b>	STREET ADDRESS	<b>201 N. Riverside Dr. 502</b>
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>	CITY-ST-ZIP	<b>Pompano Beach, FL 33062</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRICKEET, JOHN</b>	NAME	<b>John Ricketts</b>
STREET ADDRESS	<b>201 N RIVERSIDE DR 803</b>	STREET ADDRESS	<b>201 N. Riverside Dr 803</b>
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>	CITY-ST-ZIP	<b>Pompano Beach, FL 33062</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Derv Berger</b>
STREET ADDRESS		STREET ADDRESS	<b>201 N. Riverside Dr. 302</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Pompano Beach, FL 33062</b>

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: <b>M. Linda Holke</b>	5-24-07 954-610-7505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #