

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 201439

Entity Name: ONE HARBOUR WAY INC

FILED
May 27, 2009
Secretary of State

Current Principal Place of Business:

1 HARBOUR WAY
APT. 106
BAL HARBOUR, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

1 HARBOUR WAY
APT. 106
BAL HARBOUR, FL 33154 US

New Mailing Address:

FEI Number: 59-0801729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUPONT, ROBERT SEC
1 HARBOUR WAY
APT. 104
BAL HARBOUR, FL 33154 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WHITING, KIRK
Address: 1 HARBOUR WAY, APT. 207
City-St-Zip: BAL HARBOUR, FL 33154 US

Title: TREA () Delete
Name: SUGAR, JOE
Address: 1 HARBOUR WAY, APT 202
City-St-Zip: BAL HARBOUR, FL 33154 US

Title: SEC () Delete
Name: DUPONT, ROBERT
Address: 1 HARBOUR WAY, APT 104
City-St-Zip: BAL HARBOUR, FL 33154 US

Title: DIR () Delete
Name: ZIEGLER, FREDERICK
Address: 1 HARBOUR WAY, APT 204
City-St-Zip: BAL HARBOUR, FL 33154 US

Title: DIR () Delete
Name: SUGAR, JACK
Address: 1 HARBOUR WAY, APT 301
City-St-Zip: BAL HARBOUR, FL 33154 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: ROBERT DUPONT

SEC

05/27/2009

Electronic Signature of Signing Officer or Director

_____ Date