\$2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # 431214 1. Entity Name 04-18-2005 90275 014 ***150.00 HARVARD CORPORATION Principal Place of Business Mailing Address P O BOX 915 P O BOX 915 POMPANO BEACH FL 33061-7915 POMPANO BEACH FL 33061-7915 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1497927 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOOCH, GLENN S 7907 SW 3RD CT N LAUDERDALE FL 33068 8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Addition TITLE ☐ Delete KOOCH, GLENN S NAME STREET ADDRESS 7907 SW 3RD CT STREET ADDRESS N LAUDERDALE FL 33068 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE KOOCH, MARIE T NAME 7907 SW 3RD CT STREET ADDRESS STREET ADDRESS CITY-ST-7IE N LAUDERDALE FL 33068 CITY-ST-7IP Detete TIFLE Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TATLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the receiver of the receiver of the corporation of the receiver of the re

Date

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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