


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 448982 1. Entity Name HARBOUR SHOPPING CENTER, INC.	
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Principal Place of Business 71 HARBOR DR KEY BISCAYNE, FL 33149	Mailing Address 166 HARBOR DR APT 6 KEY BISCAYNE, FL 33149 US
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1537798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANCASTER, KENNETH M. CPA
50 W MASHTA DRIVE
SUITE 6
KEY BISCAYNE, FL 33419

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	TD
NAME	KNOWLES, HARRY
STREET ADDRESS	166 HARBOR DRIVE #4
CITY-ST-ZIP	KEY BISCAYNE, FL 00000,
TITLE	CD
NAME	RICE, JOHN F
STREET ADDRESS	166 HARBOR DRIVE #6
CITY-ST-ZIP	KEY BISCAYNE, FL 00000,
TITLE	PD
NAME	RICE, JOSEPHINE
STREET ADDRESS	166 HARBOR DRIVE #6
CITY-ST-ZIP	KEY BISCAYNE, FL 00000,
TITLE	D
NAME	KNOWLES, DORIS
STREET ADDRESS	166 HARBOR DRIVE #4
CITY-ST-ZIP	KEY BISCAYNE, FL 00000,
TITLE	SD
NAME	RHEW, CATHERINE
STREET ADDRESS	615 OCEAN DRIVE, APT. #9L
CITY-ST-ZIP	KEY BISCAYNE, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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01/12/06-80022-004 150.00

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:  1/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #