

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 511134

FILED
Jul 04, 2007
Secretary of State

Entity Name: HARRIMAN ENTERPRISES, INC.

Current Principal Place of Business:

225 PARNELL ST.
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

225 PARNELL ST.
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-1689427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRIMAN, HAROLD
227 PARNELL ST
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

HARRIMAN, HAROLD L CFPD
225 PARNELL ST
MERRITT ISLAND, FL 32953 US

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: HAROLD L. HARRIMAN

07/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPSD () Delete
Name: HARRIMAN, HAROLD,
Address: 225 PARNELL ST
City-St-Zip: MERRITT ISLAND, FL 00000, 32953

Title: D () Delete
Name: SWANK, RICHARD
Address: 4104 SKYWAY DR
City-St-Zip: COCOA, FL 32927

Title: VTD () Delete
Name: SWANK, MAY ELLEN,
Address: 4104 SKYWAY DR
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPSD (X) Change () Addition
Name: HARRIMAN, HAROLD,
Address: 225 PARNELL ST
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: D (X) Change () Addition
Name: SWANK, RICHARD C D
Address: 4104 SKYWAY DR
City-St-Zip: COCOA, FL 32927

Title: VTD (X) Change () Addition
Name: SWANK, MAY ELLEN,
Address: 4104 SKYWAY DR
City-St-Zip: COCOA, FL 32927 US

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: HAROLD L. HARRIMAN

CFPD

07/04/2007

Electronic Signature of Signing Officer or Director

Date