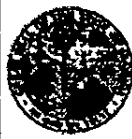


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # 517336 1. Entity Name HARLAND ASSOCIATES, INC.	
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Principal Place of Business 8371 WATERFORD CIR TAMARAC, FL 33321-122 US	Mailing Address 8371 WATERFORD CIR TAMARAC, FL 33321-122 US
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DO NOT WRITE IN THIS SPACE



00012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1699873	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GODEL, ELLIOT 8371 WATERFORD CIR TAMARAC, FL 33321	DO NOT WRITE IN THIS SPACE
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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: _____ (NOTE: Registered Agent signature required when volunteering) DATE: _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO GODEL, ELLIOT 8371 WATERFORD CIR TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD GODEL, MARILYN 8371 WATERFORD CIR TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VO REINHART, GEORGE 8371 WATERFORD CIR TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD REINHART, GLORIA 8371 WATERFORD CIR TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

UB00000662264
03/21/07-80006-009-150-00

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: Elliot Godel Elliot Godel 3/7/07 954-960-1447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #