


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90983 010 \*\*\*\*70.00

DOCUMENT # 724812			
1. Entity Name HARMONY EDUCATION CENTER, INC.			
Principal Place of Business % 111 N. ORANGE AVE. SUITE 1100 ORLANDO, FL 32801		Mailing Address % 111 N. ORANGE AVE. SUITE 1100 ORLANDO, FL 32801	
2. Principal Place of Business <i>240 Harmony Hill Lane</i>		3. Mailing Address <i>P.O. Box 1339</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>POI</i>	
City & State <i>Waynesville, NC</i>		City & State <i>WAYNESVILLE NC</i>	
Zip <i>28786</i>	Country <i>US</i>	Zip <i>28786</i>	Country <i>USA</i>
4. FEI Number 59-1448961		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CREEL, STAN 111 N ORANGE AVE. STE. 1100 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BESSEMER, HENRIETTA C 240 HARMONY HILL LANE WAYNESVILLE, NC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOGAN, EVELYN 240 HARMONY HILL LANE WAYNESVILLE, NC <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KILGORE, GORDON 158 HARMONY HILL LANE WAYNESVILLE, NC 28786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President KILGORE, GORDON 158 Harmony Hill Lane Waynesville NC 28786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENDERSON, BARBARA 217 PARAGON PKWY. WAYNESVILLE, NC 28721 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROL, PAT 217 PARAGON PKWY. WAYNESVILLE, FL 28721 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	sp Pamela Brown 176 Lakewood Drive Asheville, NC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREEL, STAN 111 N ORANGE AVE., STE. 1100 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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 617, 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: <i>H.C. Bessemer</i> <i>H.C. Bessemer</i>		Date: <i>4-28-05</i> 828.452.3598	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	