2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# 724812

Entity Name: HARMONY EDUCATION CENTER, INC.

Current Principal Place of Business:

240 HARMONY HILL LANE
WAYNESVILLE, NC 28786 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1339
WAYNESVILLE, NC 28786 US

New Mailing Address:

FEI Number: 59-1448961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CREEL, STAN
111 N ORANGE AVE.
STE. 1100
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BESSEMER, HENRIETTA C
Address: 240 HARMONY HILL LANE
City-St-Zip: WAYNESVILLE, NC

Title: VP ( ) Delete
Name: KILGORE, GORDON
Address: 158 HARMONY HILL LANE
City-St-Zip: WAYNESVILLE, NC 28786

Title: TD ( ) Delete
Name: HENDERSON, BARBARA
Address: 217 PARAGON PKWY.
City-St-Zip: WAYNESVILLE, NC 28721

Title: SD ( ) Delete
Name: BROWN, PAMELA
Address: 176 LAKE WOOD DR
City-St-Zip: ASHEVILLE, NC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BESSEMER, HENRIETTA C
Address: 240 HARMONY HILL LANE
City-St-Zip: WAYNESVILLE, NC 28721

Title: VP (X) Change ( ) Addition
Name: KILGORE, GORDON
Address: 217 PARAGON PKWY, #156
City-St-Zip: CLYDE, NC 28786

Title: TD (X) Change ( ) Addition
Name: HENDERSON, BARBARA
Address: 217 PARAGON PKWY, #156
City-St-Zip: CLYDE, NC 28721

Title: SD (X) Change ( ) Addition
Name: BROWN, PAMELA
Address: 217 PARAGON PKWY, #156
City-St-Zip: CLYDE, NC 28721

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRIETTA BESSEMER P 05/02/2006

Electronic Signature of Signing Officer or Director — Date