2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003600

FILED Mar 09, 2006 Secretary of State

Entity Name: HARBOR	FREIGHT TOOLS USA, INC.			
Current Principal Place of Business:		New Principal Place of Business:		
9861 BEACH BL JACKSONVILLE, FL 322	464703			
Current Mailing Address:		New Mailing Address:		
PO BOX 6010 CAMARILLO, CA 930116	6010			
FEI Number: 77-0465196	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
C T CORPORATION SYS 1200 SOUTH PINE ISLAN PLANTATION, FL 33324	ND ROAD			
The above named entity s in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electron	ic Signature of Registered Age	ent	Date	
Election Campaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: PD ()	Delete	Title: CEOD	(X) Change()Addition	

Name: Name: 3491 MISSION OAKS BLVD 3491 MISSION OAKS BLVD Address: Address: City-St-Zip: CAMARILLO, CA City-St-Zip: CAMARILLO, CA 93012 Title: () Delete Title: PRES (X) Change () Addition DAMMIER, JERRY L DAMMIER, JERRY L Name: Name: Address: Address: 3491 MISSION OAKS BLVD 3491 MISSION OAKS BLVD City-St-Zip:

CAMARILLO, CA 93012 CAMARILLO, CA City-St-Zip:

Title: Title: (X) Change () Addition () Delete CFO Name: GLICKMAN, ROBERT M Name: GLICKMAN, ROBERT M 3491 MISSION OAKS BLVD Address: 3491 MISSION OAKS BLVD Address:

City-St-Zip: CAMARILLO, CA City-St-Zip: CAMARILLO, CA 93012

Title: () Delete Title: DIR (X) Change () Addition SMIDT, ALLEN E SMIDT, ALLEN E Name: Name: Address:

3491 MISSION OAKS BLVD 3491 MISSION OAKS BLVD Address: City-St-Zip: CAMARILLO, CA City-St-Zip: CAMARILLO, CA 93012

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M GLICKMAN **CFO** 03/09/2006