2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2006 8:00 am Secretary of State

DOCUMENT # F0300001124 1. Entity Name HARBORSIDE FINANCIAL NETWORK, INC						01-24-2006 9	0012 038	***158.	75
334 VIA VERA CRUZ STE. 254			Mailing Address 334 VIA VERA CRUZ STE. 254 SAN MARCOS, CA 92069						
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052006	Chg-P	CR2E03	14 (11/05)		
City & State		City & State			4. FEI Number 33-0442	970		<u> </u>	plied For t Applicable
^{Zip} 92078	Country	^{Zip} 92078	Zip Country 92078		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curren		7. Name and Address of New Registered Agent Name						
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				Street Address (P.O. Box Number is Not Acceptable)					
WESTON,	FL 33331		City				FL	Zip Code	
8. The above	named entity submits this statement f	registerer		red agent or both	in the State of Flo				
	ions of registered agent.		, 0 9, 0 10 10 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				aa 2000pt
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE	: Registered	Agent signature require	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campaig Trust Fund Contr			6.00 May Be ded to Fees				
10. OFFICERS AND DIRECTORS 11					ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ANDERSON, FRAN 334 VIA VERA CRUZ STE. 254 SAN MARCOS, CA 92078	☐ Delete		l l				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP FERGUSON, MICHAEL W 334 VIA VERA CRUZ STE. 254 SAN MARCOS, CA 92078	☐ Delete		l l				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ANDERSON, ALAN 334 VIA VERA CRUZ STE. 254 SAN MARCOS, CA 92078	☐ Detate		T ADDRESS ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate		Lai	wrence J. 90 Lindber burn, CA			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		TADDRESS 23	even Kay 90 Lindber burn, CA S	∸gh St.		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		VP ROI RADDRESS 23	nald E. 01 90 Lindber burn, CA	liveira		Change	Addition
12. I hereby indicated	certify that the information supplied wi	th this filling does not qualify for is true and accurate and that m	r the exer	mptions containe ure shall have the	d in Chapter 119, same legal effect	Florida Statutes. I	further certi	fy that the ir	nformation or director

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 except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: =

HIGHATURE AND THE FORE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06

760/591-7900

Daytime Phone #