2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001949

City-St-Zip:

CHESTERLAND, OH 44026

Entity Name: HARVARD MORTGAGE CORPORATION

FILED Jul 01, 2005 Secretary of State

Littly Nai	IIIE. HARVAR	D WICK I GAGE	CORPORATIO	N			
Current Principal Place of Business:				New Princ	New Principal Place of Business:		
	FIELD ROAD RLAND, OH 44	1026					
Current Mailing Address:				New Maili	New Mailing Address:		
	FIELD ROAD RLAND, OH 44	1026					
FEI Number:	: 34-1698437	FEI Number Ap	olied For()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
BARBARINO, JAMES P 12036 REBECCA'S RUN DR. WINTER GARDEN, FL 34787 US				692 W. MO SUITE B	BARBARINO, JAMES P 692 W. MONTROSE ST SUITE B CLERMONT, FL 34711 US		
	named entity e of Florida.	submits this stat	ement for the pu	rpose of changing	ts registere	ed office or registered agent, or both,	
SIGNATURE:					07/01/2005		
Electronic Signature of Registered Agent				t	Date		
		3(2)(b), F.S., the co g Trust Fund Cont		receive the prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (CAMPANELLA, 8690 SHERMA CHESTERLANI	N RD.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V (CAMPANELLA, 8690 SHERMA CHESTERLANI	N RD.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	S (1 BARBARINO, V 8690 SHERMA			Title: Name: Address:		(X) Change()Addition FZ, MICHELLE M DBRIDGE LANE	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

CHARDON, OH 44024

SIGNATURE: MICHELLE M. LEFKOWITZ S 07/01/2005