2006 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # F97000004916

Principal Place of Business

WEST PALM BEACH, FL 33413

270 SAND RUN RD.

J. HARRIS & ASSOCIATES LTD., INC.



Mailing Address

270 SAND RUN RD.

WEST PALM BEACH, FL 33413

FILED Feb 06, 2006 08:00 AM Secretary of State



01272006

No Chg-P

CR2E034 (11/05)

4. FEI Number 36-3088751 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

8. Name and Address of Current Registered Agent

HARRIS, JAMES 270 SAND RUN RD. WEST PALM BEACH, FL 33413

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The above the obligate SIGNATURE.	named entity submits this statement for the plants of registered agent.	urpose of changing its reg	istered office or i	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
OIGHATOTIC.	Signature, typed or proted name of registered agent and titls it	opplicable (NOTE, Re	gistered Agent signatur	s required when reinstelling)	DATE	
Fil. After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	1		<u> </u>	
TITLE NAME STREET ADDRESS CATY-ST-ZIP	PCD HARRIS, JAMES 270 SAND RUN RD. WEST PALM BEACH, FL 33413					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, NANCY 270 SAND RUN RD. WEST PALM BEACH, FL 33413				1100000120669 02/16/06-80004-019 150.08	
ITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
HTRE HAME STREET AUDRESS				IN THIS SPACE		

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daveme Phone #