## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 19, 2005 08:00 AM.

DOCUMENT # F98000004726*  1. Entity Name HARVARD MANAGEMENT GROUP, INC.				Se	ecretary of State
2714 NINTH	e of Business ST N URG, FL 33704	Mailing Address 2714 NINTH ST N ST PETERSBURG, FL 33704			
DIAMOND 7843 SEM	6. Name and Address of Current Re 2. SANDRA INOLE BLVD E, FL 33772	e e e e e e e e e e e e e e e e e e e	CE	04112005 No Chg 4. FEI Number 59-3368503 5. Certificate of Status De	Applied For Not Applicable sired S8.75 Additional Fee Required
IN THIS SPACE  8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when renstating)  DATE					
FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI CP HARVARD, WILLIAM B JR 838 MONTEREY BLVD NE ST PETERSBURG, FL 33704	RECTORS	//:	U 04/1	00000316236 9/05-80067-003 150.00
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CXTY-ST-ZIP		<u> </u>		DO NOT	WRITE
TITLE NAME				IN THIS SPACE	

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR