2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# F99000002132

Entity Name: HARKEN, INCORPORATED

Current Principal Place of Business:

1251 E. WISCONSIN AVE.
PEWAUKEE, WI 53072

New Principal Place of Business:

Current Mailing Address:

1251 E. WISCONSIN AVE.
PEWAUKEE, WI 53072

New Mailing Address:

FEI Number: 39-1086764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARVEY, NEIL
11 EVONAIRE CIRCLE
BELLEAIR, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PC	( ) Delete
Name:	HARKEN, PETER O	
Address:	W278 N2931 ROCKY POINT	
City-St-Zip:	PEWAUKEE, WI 53072	
Title:	VVC	( ) Delete
Name:	HARKEN, OLAF T	
Address:	W238 N2251 BEACH PARK	
City-St-Zip:	PEWAUKEE, WI 53072	
Title:	S	( ) Delete
Name:	SORENSEN, ROSE	
Address:	W267 N2926 PETERSON DRIVE	
City-St-Zip:	PEWAUKEE, WI 53072	
Title:	TD	( ) Delete
Name:	SWEET, ROBERT	
Address:	2075D VINCENT DR	
City-St-Zip:	BROOKFIELD, WI 53045	
Title:	D	( ) Delete
Name:	EVANS, HEATHER	
Address:	704 COVENTRY LANE	
City-St-Zip:	HARTLAND, WI 53029	
Title:	D	( ) Delete
Name:	SCHWESSINGER, ED	
Address:	321 RAILROAD AVE	
City-St-Zip:	GREENWICH, CT 06830	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	SWEET, ROBERT	
Address:	20750 VINCENT DR	
City-St-Zip:	BROOKFIELD, WI 53045	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: ROSE SORENSEN S 02/23/2009

Electronic Signature of Signing Officer or Director Date