## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 12, 2006 08:00 AM Secretary of State DOCUMENT # K83662 1. Entity Name NEW HARBOR, INC. Principal Place of Business Mailing Address 172 NE 2ND AVE 1300 N FEDERAL HWY DELRAY BCH, FL 33444 202 BOCA RATON, FL 33432 01052006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0124853 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BONITATIBUS & CO., PA DO NOT WRITE 1300 N. FEDERAL HWY. SUITE 202 IN THIS SPACE BOCA RATON, FL 33432 3. 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 SIGNATURE\_ Signature, typed or printed name of registered agent and fille it applicable. (NOTE, Registored Agent signature required when reinstelling) DATE 1100000383893 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be 01/13/06-80018-018 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE RUSSELL, MORGAN N NAME 172 NE 2ND AVENUE STREET ADDRESS DELRAY BEACH, FL 33444 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP DDE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

FILED