2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L82791

JOHNSON, JOYCE

TAMPA, FL 33607

2203 N LOIS AVE #937

Name:

Address:

City-St-Zip:

FILED Mar 14, 2007 Secretary of State

Entity Name: HARBOUR GREEN, INC.									
Current Principal Place of Business:					New Principal Place of Business:				
2203 N LOI SUITE 937 TAMPA, FL		US							
Current Mailing Address:					New Mailing Address:				
2203 N LOI SUITE 937 TAMPA, FL		US							
FEI Number:	59-3018338	F	El Number Applied For ()	FEI Num	nber Not Appli	icable ()	Certifica	ate of Status De	sired()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
COFFILL, JOHN 2203 N LOIS AVE #937 TAMPA, FL 33607 US					OTTE, MARSHA S 2203 N LOIS AVE #937 TAMPA, FL 33607 US				
The above in the State	named ent of Florida.	ity subi	mits this statement for the p	urpose of	f changing it	s registered	office or r	egistered age	ent, or both,
SIGNATURE: MARSHA S OTTE					03/14/2007				
	Elect	tronic S	Signature of Registered Age	nt				Date	
Election Can	npaign Finan	cing Tru	ust Fund Contribution ().						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD OTTE, MAR 5701 MARII TAMPA, FL	NER ST	#506		Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	VPS COFFILL, J 2203 N LOI TAMPA, FL	S AVE #			Title: Name: Address: City-St-Zip:	VPS (JOHNSON, JO 2203 N LOIS TAMPA, FL 3	AVE #937	() Addition	
Title: Name: Address: City-St-Zip:	T OTTE, CLA 2203 N LOI TAMPA, FL	S AVE #			Title: Name: Address: City-St-Zip:	T (OTTE, CLAYT 2203 N LOIS TAMPA, FL 3	ON A AVE #937	() Addition	
Title:	VP	(X) Del	ete		Title:	() Change	() Addition	

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

Name:

Address:

City-St-Zip:

SIGNATURE: JOYCE B JOHNSON VΡ 03/14/2007