

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M56070

Entity Name: HARBEN FLORIDA, INC.

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

37 WINDWARD ISLAND
CLEARWATER, FL 33767 US

New Principal Place of Business:

19019 FERN MEADOW LOOP
LUTZ, FL 33558 US

Current Mailing Address:

37 WINDWARD ISLAND
CLEARWATER, FL 33767 US

New Mailing Address:

19019 FERN MEADOW LOOP
LUTZ, FL 33558 US

FEI Number: 59-2824487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNS, GRAEME
37 WINDWARD ISLAND
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

CALISTRI, RALPH
19019 FERN MEADOW LOOP
LUTZ, FL 33558 US

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: RALPH CALISTRI

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOWNS, GRAEME
Address: 37 WINDWARD ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: D () Delete
Name: TOWNS, RHONA
Address: 37 WINDWARD ISLAND
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CALISTRI, RALPH
Address: 19019 FERN MEADOW LOOP
City-St-Zip: LUTZ, FL 33558

Title: VPD (X) Change () Addition
Name: CALISTRI, NICOLA C
Address: 19019 FERN MEADOW LOOP
City-St-Zip: LUTZ, FL 33558

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: RALPH CALISTRI

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date