

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 19 PM 4:17

DOCUMENT # N01000001828
1. Entity Name
Harmony Cultural Development Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1645 N Webster Ave		3. Mailing Address -	
Suite, Apt. #, etc. n/a		Suite, Apt. #, etc. -	
City & State Lakeland Florida		City & State -	
Zip 33805	Country USA	Zip -	Country -

DO NOT WRITE IN THIS SPACE

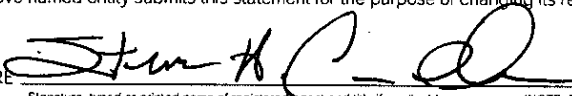
4. FEI Number 59 3708195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Steve A. Caudle
Street Address (P.O. Box Number is Not Acceptable) 7419 Floral Circle E
City Lakeland
State FL
Zip Code 33810

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.

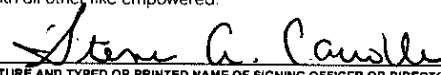
SIGNATURE:  DATE: **5/30/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (P) (Dir) Steve A. Caudle 7419 Floral Cir E Lakeland, FL 33810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100006067481 -06/27/02--01056--007 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(S) (Dir) Ronnie Hogan 8264 Short Way Lakeland, FL 33809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(T) (Dir) Helen Figgs 606 N Brunnett Pkwy Lakeland, FL 33805	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **5/30/02** **863.682.3320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-Date Daytime Phone #

CR2E0378 (12/01)