

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000009031					
1. Entity Name HARMONY DEVELOPMENT CENTER, INC.					
Principal Place of Business 4631 NW 31ST AVENUE SUITE 133 FORT LAUDERDALE, FL 33319			Mailing Address 4631 NW 31ST AVENUE SUITE 133 FORT LAUDERDALE, FL 33319		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 80-0004598	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOLDMAN, CHARLES J 601 S.FEDERAL HIGHWAY HOLLYWOOD, FL 33020			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPO, MYRIAM		NAME		
STREET ADDRESS	1304 SW 16TH AVE., STE. 219		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33326		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARTIN, MARY		NAME		
STREET ADDRESS	1304 SW 16TH AVE., STE. 219		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33326		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COSTA, ARTHUR		NAME		
STREET ADDRESS	1304 SW 16TH AVE., STE. 219		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33326		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Myriam Campo-Goldman</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <i>Myriam Campo-Goldman</i>		Date: <i>2/28/06</i> Daytime Phone #: <i>954-730-2992</i>	



02122006 Chg-NP CR2E037 (11/05)

4. FEI Number 80-0004598 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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SIGNATURE: *Myriam Campo-Goldman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Myriam Campo-Goldman*
Date: *2/28/06* Daytime Phone #: *954-730-2992*