


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90029 009 \*\*\*\*61.25

**DOCUMENT # N03000004226**  
 1. Entity Name  
**HARBOR LIGHTS ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
 53 GARVAN STREET, FLOOR 1      53 GARVAN STREET, FLOOR 1  
 EAST HARTFORD CT 06108      EAST HARTFORD CT 06108

*Gemma Valentine*      *Gemma Valentine*



2. Principal Place of Business      3. Mailing Address  
 3191 Medical Center Drive      3191 Medical Center Drive  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 15103      Suite 15103

1st MOORE      CR2E037 (10/05)

City & State      City & State  
 McKinney TX      McKinney, TX  
 Zip      Country      Zip      Country  
 75069      USA      75069      USA

4. FEI Number      Applied For  
 33-1049953      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MCKENZIE, RONALD  
 1601 SHERWOOD AVENUE  
 WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent  
 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 re-registering)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VALENTINE, GEMMA	
STREET ADDRESS	53 GARVAN STREET	
CITY-ST-ZIP	EAST HARTFORD CT 06108	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALENTINE, NICOLE	
STREET ADDRESS	7117 PARK AVENUE #B-7	
CITY-ST-ZIP	NORTH BERGEN NJ 07047	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAMES, VANUS	
STREET ADDRESS	C/O P.O. BOX 380408	
CITY-ST-ZIP	EAST HARTFORD CT 06138	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENNANT, A.G.	
STREET ADDRESS	8 WHITNEY STREET	
CITY-ST-ZIP	EAST HARTFORD CT 06108	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAZARE, JOSEPH	
STREET ADDRESS	171-23 FOCH BLVD.	
CITY-ST-ZIP	JAMAICA NY 11434	
TITLE	T	<input type="checkbox"/> Delete
NAME	KATHY, EWING	
STREET ADDRESS	101 CONNECTICUT BLVD	
CITY-ST-ZIP	EAST HARTFORD CT 06108	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Executive Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gemma Valentine	
STREET ADDRESS	3191 Medical Center Drive, Suite 15103	
CITY-ST-ZIP	McKinney TX 75069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gemma Valentine*

972 548 2329