2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004226

FILED Apr 25, 2007 Secretary of State

Entity Name: HARBOR LIGHTS ASSOCIATES, INC.

	rincipal Place	or Business.	New Principal Place	
	CAL CTR DR			
15103 MC KINNE	Y, TX 75069			
Current M	ailing Addres	s:	New Mailing Addr	ess:
3191 MEDI	CAL CTR DR			
15103				
	Y, TX 75069			
FEI Number:	33-1049953	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:
	E, RONALD			
	RWOOD AVEN _M BEACH, FL			
	,,,			
		ubmits this statement for the	purpose of changing its registe	ered office or registered agent, or both,
n the State	of Florida.			
SIGNATUF				
SIGNATUF		ic Signature of Registered A	gent	Date
SIGNATUF				Date IGES TO OFFICERS AND DIRECTOR:
OFFICERS	Electron S AND DIRECTED ()	FORS:	ADDITIONS/CHAN	
OFFICERS Title: Name:	Electron S AND DIRECT ED () VALENTINE, GE	FORS: Delete MMA	ADDITIONS/CHAN Title: Name:	IGES TO OFFICERS AND DIRECTOR
OFFICERS Title: Name: Address:	Electron S AND DIRECT ED () VALENTINE, GE 3191 MEDICAL	TORS: Delete MMA CTR DR STE 15103	ADDITIONS/CHAN Title: Name: Address:	IGES TO OFFICERS AND DIRECTOR
OFFICERS Title: Name: Address:	Electron S AND DIRECT ED () VALENTINE, GE	TORS: Delete MMA CTR DR STE 15103	ADDITIONS/CHAN Title: Name:	IGES TO OFFICERS AND DIRECTOR
DFFICERS Title: lame: laddress: Dity-St-Zip: Title:	Electron S AND DIRECT ED () VALENTINE, GE 3191 MEDICAL MC KINNEY, TX D ()	TORS: Delete MMA CTR DR STE 15103 75069 Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title:	IGES TO OFFICERS AND DIRECTOR
DFFICERS Title: Name: Address: Dity-St-Zip: Title: Name:	Electron S AND DIRECT ED () VALENTINE, GE 3191 MEDICAL MC KINNEY, TX D () VALENTINE, NIC	Delete MMA CTR DR STE 15103 75069 Delete COLE	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name:	IGES TO OFFICERS AND DIRECTOR:
DFFICERS itle: dame: ddress: city-St-Zip: itle: dame: ddress:	Electron S AND DIRECT ED () VALENTINE, GE 3191 MEDICAL MC KINNEY, TX D () VALENTINE, NIC 7117 PARK AVE	Delete MMA CTR DR STE 15103 75069 Delete COLE ENUE #B-7	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	IGES TO OFFICERS AND DIRECTOR:
DFFICERS itle: dame: ddress: city-St-Zip: itle: dame: ddress:	Electron S AND DIRECT ED () VALENTINE, GE 3191 MEDICAL MC KINNEY, TX D () VALENTINE, NIC	Delete MMA CTR DR STE 15103 75069 Delete COLE ENUE #B-7	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name:	IGES TO OFFICERS AND DIRECTOR:
DFFICERS itle: lame: ddress: City-St-Zip: itle: lame: ddress: City-St-Zip:	Electron S AND DIRECT ED () VALENTINE, GE 3191 MEDICAL MC KINNEY, TX D () VALENTINE, NIC 7117 PARK AVE NORTH BERGE	Delete MMA CTR DR STE 15103 75069 Delete COLE ENUE #B-7 N, NJ 07047	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	IGES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition
DFFICERS itle: lame: ddress: City-St-Zip: itle: lame: ddress: City-St-Zip:	Electron S AND DIRECT ED () VALENTINE, GE 3191 MEDICAL MC KINNEY, TX D () VALENTINE, NIC 7117 PARK AVE NORTH BERGE D ()	Delete MMA CTR DR STE 15103 75069 Delete COLE ENUE #B-7	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	IGES TO OFFICERS AND DIRECTOR:
DFFICERS ittle: lame: ddress: city-St-Zip: ittle: lame: ddress: city-St-Zip: ittle: lame: ittle: lame:	Electron S AND DIRECT ED () VALENTINE, GE 3191 MEDICAL MC KINNEY, TX D () VALENTINE, NIC 7117 PARK AVE NORTH BERGE	Delete EMMA CTR DR STE 15103 75069 Delete COLE ENUE #B-7 N, NJ 07047 Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	IGES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition
DFFICERS itle: slame:	Electron S AND DIRECT ED () VALENTINE, GE 3191 MEDICAL MC KINNEY, TX D () VALENTINE, NIC 7117 PARK AVE NORTH BERGE D () PENNANT, A.G.	Delete EMMA CTR DR STE 15103 75069 Delete COLE ENUE #B-7 N, NJ 07047 Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	IGES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition
DFFICERS Title: lame: kddress: City-St-Zip: Title: lame: kddress: City-St-Zip: Title: lame: kddress: City-St-Zip:	Electron S AND DIRECT ED () VALENTINE, GE 3191 MEDICAL MC KINNEY, TX D () VALENTINE, NIC 7117 PARK AVE NORTH BERGE D () PENNANT, A.G. 8 WHITNEY STE EAST HARTFOR	Delete MMA CTR DR STE 15103 75069 Delete COLE NUE #B-7 N, NJ 07047 Delete REET RD, CT 06108	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition () Change () Addition
DFFICERS ittle: lame: ddress: city-St-Zip: ittle: lame: ddress: city-St-Zip: ittle: lame: ddress: city-St-Zip: ittle: lame: ittle: lame: ittle:	Electron S AND DIRECT ED () VALENTINE, GE 3191 MEDICAL MC KINNEY, TX D () VALENTINE, NIC 7117 PARK AVE NORTH BERGE D () PENNANT, A.G. 8 WHITNEY STE EAST HARTFOR	Delete MMA CTR DR STE 15103 75069 Delete COLE NUE #B-7 N, NJ 07047 Delete REET RD, CT 06108 Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	IGES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition
DFFICERS itle: dame: ddress: city-St-Zip: itle: dame: ddress: city-St-Zip: itle: dame: ddress: city-St-Zip: itle: dame: ddress: city-St-Zip: itle: dame: ddress:	Electron S AND DIRECT ED () VALENTINE, GE 3191 MEDICAL MC KINNEY, TX D () VALENTINE, NIC 7117 PARK AVE NORTH BERGE D () PENNANT, A.G. 8 WHITNEY STE EAST HARTFOR	Delete MMA CTR DR STE 15103 75069 Delete COLE ENUE #B-7 N, NJ 07047 Delete REET RD, CT 06108 Delete PH	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Title: Title: Title: Title: Title:	() Change () Addition () Change () Addition () Change () Addition
DFFICERS Title: value:	Electron S AND DIRECT ED () VALENTINE, GE 3191 MEDICAL MC KINNEY, TX D () VALENTINE, NIC 7117 PARK AVE NORTH BERGE D () PENNANT, A.G. 8 WHITNEY STE EAST HARTFOF T () LAZARE, JOSE	Delete MMA CTR DR STE 15103 75069 Delete COLE ENUE #B-7 N, NJ 07047 Delete REET RD, CT 06108 Delete PH LVD.	ADDITIONS/CHAN Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition () Change () Addition
DFFICERS Title: value:	Electron S AND DIRECT ED () VALENTINE, GE 3191 MEDICAL MC KINNEY, TX D () VALENTINE, NIC 7117 PARK AVE NORTH BERGE D () PENNANT, A.G. 8 WHITNEY STE EAST HARTFOF T () LAZARE, JOSE 171-23 FOCH B JAMAICA, NY 1	Delete MMA CTR DR STE 15103 75069 Delete COLE ENUE #B-7 N, NJ 07047 Delete REET RD, CT 06108 Delete PH LVD. 1434	ADDITIONS/CHAN Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition () Change () Addition () Change () Addition
DFFICERS Title: Name: Address: City-St-Zip: Title: Title: Title: Title: Title: Title:	Electron S AND DIRECT ED () VALENTINE, GE 3191 MEDICAL MC KINNEY, TX D () VALENTINE, NIC 7117 PARK AVE NORTH BERGE D () PENNANT, A.G. 8 WHITNEY STE EAST HARTFOF T () LAZARE, JOSE 171-23 FOCH B JAMAICA, NY 1	Delete MMA CTR DR STE 15103 75069 Delete COLE ENUE #B-7 N, NJ 07047 Delete REET RD, CT 06108 Delete PH LVD. 1434 Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition () Change () Addition
DFFICERS Title: vame: vaddress: City-St-Zip:	Electron S AND DIRECT ED () VALENTINE, GE 3191 MEDICAL MC KINNEY, TX D () VALENTINE, NIC 7117 PARK AVE NORTH BERGE D () PENNANT, A.G. 8 WHITNEY STE EAST HARTFOF T () LAZARE, JOSE 171-23 FOCH B JAMAICA, NY 1 T ()	Delete IMMA CTR DR STE 15103 75069 Delete COLE ENUE #B-7 N, NJ 07047 Delete REET RD, CT 06108 Delete PH LVD. 1434 Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition () Change () Addition () Change () Addition

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEMMA VALENTINE ED 04/25/2007