## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000000879

Entity Name: IN HARMONY PRODUCTIONS, INC.

FILED Mar 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

336 N BIRCH ROAD 2840 S. OAKLAND FOREST DRIVE

UNIT 4E 2706

FORT LAUDERDALE, FL 33304 OAKLAND PARK, FL 33309

Current Mailing Address: New Mailing Address:

PO BOX 11341 PO BOX 70724

FORT LAUDERDALE, FL 33339 FORT LAUDERDALE, FL 33307

FEI Number: 42-1723101 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAILEY, JOSEPH C JR 336 N BIRCH ROAD UNIT 4E FORT LAUDERDALE, FL 33304 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 LEONARD, RANDALL C
 Name:
 BELL, LISA

 Address:
 2480 S OAKLAND FOREST DRIVE
 Address:
 PO BOX 70724

City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip: FORT LAUDERDALE, FL 33307

Title: S/T ( ) Delete Title: VP (X) Change ( ) Addition

Name: HAILEY, JOSEPH C JR. Name: COPELAND, TIMOTHY

Address: 336 N BIRCH ROAD, UNIT 4E Address: PO BOX 70724

City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: FORT LAUDERDALE, FL 33307

Title: ( ) Delete Title: SEC ( ) Change (X) Addition

 Name:
 Name:
 TRISHA, LANDY

 Address:
 Address:
 PO BOX 70724

City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33307

Title: ( ) Delete Title: TREA ( ) Change (X) Addition

 Name:
 Name:
 GAIL, SCARPITTA

 Address:
 Address:
 PO BOX 70724

City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33307

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: LISA BELL PRES 03/23/2008