


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90141 016 ****61.25

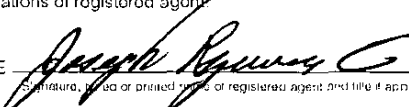
DOCUMENT # N98000007389			
1. Entity Name HARRIS CHAIN POWER SQUADRON, INC.			
Principal Place of Business 407 DELMAR DRIVE THE VILLAGES FL 32159		Mailing Address P.O. BOX 493304 LEESBURG FL 34748 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-3549272		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RZEWSKI, JOSEPH 407 DELMAR DRIVE THE VILLAGES FL 32159		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  DATE _____
(Signature, full or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: RZEWSKI, JOSEPH STREET ADDRESS: 407 DELMAR DRIVE CITY- ST- ZIP: THE VILLAGES FL 32159	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: BAIRD, NANCY STREET ADDRESS: 2590 EASTLAND RD CITY- ST- ZIP: MOUNT DOVA FL 32757	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Kerry Kline STREET ADDRESS: 12304 Wedgefield Dr. CITY- ST- ZIP: Grand Island, FL 32735	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: WEDGE, JEANETTE STREET ADDRESS: 1644 LOVES POINT DRIVE CITY- ST- ZIP: LEESBURG FL 34748	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SADO NAME: GORDON, WENDY STREET ADDRESS: 9909 SANTA BARBARA CT CITY- ST- ZIP: HOWEY, IN THE HILLS, FL 34737	<input checked="" type="checkbox"/> Delete	TITLE: SADO NAME: Lisa Spencer STREET ADDRESS: 1609 Meadow Lane CITY- ST- ZIP: Winter Haven, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: HEPTING, DAVID STREET ADDRESS: 929 ROYAL OAK BLVD CITY- ST- ZIP: LEESBURG FL 34748	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SEDO NAME: WEDGE, MICHAEL STREET ADDRESS: 1644 LOVES POINT DRIVE CITY- ST- ZIP: LEESBURG FL 34748	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:  DATE: 3-14-07 DAYTIME PHONE # _____
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)