

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90029 006 \*\*\*150.00

<b>DOCUMENT # P00000017231</b>					
<b>1. Entity Name</b> ESSENTIAL HARMONY, INC.					
<b>Principal Place of Business</b> 4420 PINE TREE DRIVE MIAMI BEACH, FL 33140			<b>Mailing Address</b> 4420 PINE TREE DRIVE MIAMI BEACH, FL 33140		
<b>2. Principal Place of Business</b> 16184 VILLA VIZCAYA PLACE Suite, Apt. #, etc.		<b>3. Mailing Address</b> SAME Suite, Apt. #, etc.		40001439 	
<b>City &amp; State</b> DELRAY BEACH, FL		<b>City &amp; State</b> # 2		<b>4. FEI Number</b> 65-1004069	
<b>Zip</b> 33446		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FURLONG, ROBERT J MD 4420 PINE TREE DRIVE MIAMI BEACH, FL 33140			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 16184 VILLA VIZCAYA PL City DELRAY BEACH FL Zip Code 33446		
<b>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.</b> SIGNATURE: <u>Robert J Furlong MD</u> <u>ROBERT J FURLONG MD</u> <u>1/14/05</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resetting) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PCEO	<b>NAME</b> FURLONG, ELYSE		<input type="checkbox"/> Delete	<b>TITLE</b> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	<b>NAME</b> 16184 VILLA VIZCAYA PL
<b>STREET ADDRESS</b> 4420 PINE TREE DRIVE	<b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33140		<b>STREET ADDRESS</b> 16184 VILLA VIZCAYA PL	<b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33446	
<b>TITLE</b> VP	<b>NAME</b> FURLONG, ROBERT J		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 16184 VILLA VIZCAYA PLACE
<b>STREET ADDRESS</b> 4420 PINE TREE DRIVE	<b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33140		<b>STREET ADDRESS</b> 16184 VILLA VIZCAYA PLACE	<b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33446	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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.</b>					
<b>SIGNATURE:</b> <u>Robert J Furlong MD</u> <u>ROBERT J. FURLONG MD</u> <u>1/14/05</u> <u>561-637-8788</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					