



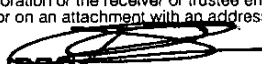


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90003 012 ***150.00

DOCUMENT # P01000042531 1. Entity Name GLORIA HARMON & ASSOCIATES, INC.																													
Principal Place of Business 4505 S. OCEAN BLVD. 1008 HIGHLAND BEACH, FL 33487			Mailing Address 4505 S. OCEAN BLVD. 1008 HIGHLAND BEACH, FL 33487																										
2. Principal Place of Business 107 Half Moon Cir. Suite, Apt. #, etc. Ste. E-2 City & State Lantana, Fl Zip 33462 Country USA		3. Mailing Address 107 Half Moon Cir. Suite, Apt. #, etc. Ste. E-2 City & State Lantana, Fl Zip 33462 Country USA																											
02232006 Chg-P CR2E034 (11/05)		4. FEI Number 65-1099322		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 HARMON, GLORIA 4505 S. OCEAN BLVD. 1008 HIGHLAND BEACH, FL 33487																											
7. Name and Address of New Registered Agent Name Harmon, Gloria Street Address (P.O. Box Number is Not Acceptable) 107 Half Moon Cir. Ste. E-2 City Lantana FL Zip Code 33462		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 																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HARMON, GLORIA J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4505 S. OCEAN BLVD. #1008</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIGHLAND BEACH, FL 33487</td> <td></td> </tr> </table>			TITLE	PSTD	<input type="checkbox"/> Delete	NAME	HARMON, GLORIA J		STREET ADDRESS	4505 S. OCEAN BLVD. #1008		CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Harmon, Gloria</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>107 Half Moon Cir., Ste. E-2</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Lantana, Fl 33462</td> <td></td> </tr> </table>			TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Harmon, Gloria		STREET ADDRESS	107 Half Moon Cir., Ste. E-2		CITY-ST-ZIP	Lantana, Fl 33462	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.																													
SIGNATURE:  Gloria Harmon Mar 3/06 561.252.2579 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													