

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000052733

FILED
Jan 26, 2006
Secretary of State

Entity Name: HARBOR BRANCH HOLDINGS, INC.

Current Principal Place of Business:

5600 U.S. HIGHWAY 1 NORTH
FT. PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

5600 U.S. HIGHWAY 1 NORTH
FT. PIERCE, FL 34946

New Mailing Address:

FEI Number: 65-1124204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEWART, WILLIAM J
STEWART & EVANS PA
3355 OCEAN DRIVE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POMPONI, SHIRLEY
Address: 5710 PAPAYA DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: CD () Delete
Name: WALTERS, FAY
Address: 1945 19TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: SD () Delete
Name: STEWART, WILLIAM J
Address: 3355 OCEAN DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: YOST, PAUL A
Address: 2000 K STREET NW SUITE 303
City-St-Zip: WASHINGTON, DC 20006

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAY WALTERS

CD

01/26/2006

Electronic Signature of Signing Officer or Director

Date