2005 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # P02000087051 1. Entity Name HARDING-SAFER ASSOCIATES, INC. Mailing Address Principal Place of Business 435 SOUTH GULFSTREAM AVE., #1003 435 SOUTH GULFSTREAM AVE., #1003 SARASOTA, FL 34236 SARASOTA, FL 34236 No Cha-P CR2E034 (10/03) 01132005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 16-1631097 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE SAFER, L. ARTHUR 435 SOUTH GULFSTREAM AVE., #1003 SARASOTA, FL 34236 IN THIS SPACE 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, typed or printed name of registered againt and title if applicable DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME SAFER, L. ARTHUR 435 SOUTH GULFSTREAM AVE., #1003 STREET ADDRESS U00000291670 CITY-ST-ZIP SARASOTA, FL 34236 04/07/05-80040-005 158.75 TITLE NAME HARDING, CAROL G 435 SOUTH GULFSTREAM AVE., #1003 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 a other like empowered.

L. ACTIVAL SAFER

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 2005

628-262-6041

Daytime Phone #