## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000108647

Entity Name: HARRIS CONSULTING INTERNATIONAL, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1030 A1A NORTH

PONTE VEDRA BCH, FL 32082

Current Mailing Address: New Mailing Address:

1030 A1A NORTH

PONTE VEDRA BCH, FL 32082

FEI Number: 82-0567331 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOTOLAW, INC. 50 N LAURA STREET SUITE 2500

JACKSONVILLE, FL 32202 US

CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 US

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: KEVIN R. ROBERTS 04/27/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Name: HARRIS, JOHN B M.D.

Address: 1030 A1A NORTH

City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: ( ) Delete

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

Name: HARRIS, JOHN B M.D. Address: 1030 A1A NORTH

City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: S ( ) Change (X) Addition

Name: HARRIS, TAMARA K Address: 1030 A1A NORTH

City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify 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: JOHN B. HARRIS, M.D. P 04/27/2007