

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Nov 09, 2007  
Secretary of State**

DOCUMENT# P03000034650

Entity Name: HARPSERVE (USA) INC.

**Current Principal Place of Business:**987 NORTH COLLIER BLVD,  
MARCOS ISLAND, FL 34145**New Principal Place of Business:**987 NORTH COLLIER BLVD,  
MARCOS ISLAND, FL 34145 US**Current Mailing Address:**C/O JANE LAMBERSON  
P O BOX 111419  
NAPLES, FL 341080124**New Mailing Address:**987 N. COLLIER BLVD.  
MARCOS ISLAND, FL 34145 US

FEI Number: 04-3749533

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**LAMBERSON, JANE E  
8955 FONTANA DEL SOL WAY  
NAPLES, FL 34109 US**Name and Address of New Registered Agent:**SCOLA, MARC M MR.  
1035 N. COLLIER BLVD. #312  
MARCOS ISLAND, FL 34145 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: MARC SCOLA

11/09/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: MINASHI, JACK  
Address: 1099 PORT ORANGE WAY  
City-St-Zip: NAPLES, FL 34120Title: D ( ) Delete  
Name: MINASHI, SHAMSI  
Address: 1099 PORT ORANGE WAY  
City-St-Zip: NAPLES, FL 34120Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change ( ) Addition  
Name: MINASHI, JACK MR.  
Address: 1099 PORT ORANGE WAY  
City-St-Zip: NAPLES, FL 34120 USTitle: D (X) Change ( ) Addition  
Name: MINASHI, SHAMSI MRS.  
Address: 1099 PORT ORANGE WAY  
City-St-Zip: NAPLES, FL 34120 USTitle: D ( ) Change (X) Addition  
Name: SANDERS, SALLY MRS.  
Address: 1 OUTFIELD COTTAGE, BOWSTRIDGE  
City-St-Zip: CHALFONT ST. GILES BUCKS, UK HP8 4RQ UKTitle: D ( ) Change (X) Addition  
Name: WESTERN, ANNA MRS.  
Address: FERM COTTAGE, 31  
City-St-Zip: HALFWAY STREET, SIDCUP-KENT, UK BA15 8LQ UK

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: JACK MINASHI

P

11/09/2007

Electronic Signature of Signing Officer or Director

Date