2005 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** Mar 23, 2005 08:00 AM **Secretary of State** DOCUMENT # P03000047406 HARDEN GLOBAL SERVICE CORP. Principal Place of Business Mailing Address 2875 NW 15 COURT 2875 NW 15 COURT FT LAUDERDALE, FL 33311 FT LAUDERDALE, FL 33311 CR2E034 (10/03) 02092005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0698266 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HARDEN, BARBARA W DO NOT WRITE 2875 NW 15 COURT FT LAUDERDALE, FL 33311 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. (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HARDEN, BARBARA W UU00001273765 NAME 03/23/05-80042-001 158.75 2875 NW 15 COURT STREET ADDRESS FT LAUDERDALE, FL 33311 CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 attachage with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harden 3-21-05

Daytime Phone #