

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90220 048 \*\*\*150.00

|   |   |                                 |   |  |  |
|---|---|---------------------------------|---|--|--|
| <b>DOCUMENT # P04000036605</b><br>1. Entity Name<br><b>ORGANIZED HARMONY, INC.</b>  |   |                                 |   |  |  |
| Principal Place of Business<br><b>965 N. NOB HILL ROAD<br/>#453<br/>PLANTATION, FL 33324 US</b>   |   |                                 | Mailing Address<br><b>965 N. NOB HILL ROAD<br/>#453<br/>PLANTATION, FL 33324 US</b>                                 |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |
| City & State  |   |                                 | City & State  |  |  |
| Zip   |   | Country                         |   | Zip  |  |
| Country   |   | Country                         |   | 4. FEI Number<br><b>51-0505120</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>LEGAL ZOOM NEVADA INC.<br/>44 W. FLAGLER ST.<br/>SUITE 675<br/>MIAMI, FL 33130</b>  |   |                                 |   | 7. Name and Address of New Registered Agent<br>Name <b>Gail Ellis Lax Organized Harmony Inc</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>965 N. NOB HILL ROAD, #453</b><br>City <b>Plantation,</b> <b>FL</b> Zip Code <b>33324</b> |  |
| 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.<br>SIGNATURE <b>Gail Ellis Lax</b> <b>President</b> (NOTE: Registered Agent signature required when reinstating) DATE   |   |                                 |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |
| 10. OFFICERS AND DIRECTORS  |   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PRES<br>LAX, GAIL ELLIS<br>965 N. NOB HILL ROAD, #453<br>PLANTATION, FL 33324   | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TRES<br>LAX, ADAM K<br>965 N. NOB HILL ROAD, #453<br>PLANTATION, FL 33324       | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SECR<br>SPELLACY, SHANNON<br>965 N. NOB HILL ROAD, #453<br>PLANTATION, FL 33324 | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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 all other like empowered. |   |                                 |   |  |  |
| <b>SIGNATURE:</b> <b>Gail Ellis Lax</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |                                 | <b>4/13/05</b> <b>954-593-9377</b><br>Date Daytime Phone #  |  |  |