2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Mar 29, 2007 08:00 AM **DOCUMENT # P04000062703 Secretary of State** 1. Entity Name W.R. HARDEN, INC. Principal Place of Business Mailing Address 1. MARINA COVE DRIVE ----1 MARINA COVE DRIVE -NICEVILLE; FL 32578 $_{\rm cl}$ US $_{\rm cl}$ NICEVILLE, FL 32578 US SHOME THE THE No Chg-P CR2E034 (11/05) 03212007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1032672 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAM R. HARDEN DO NOT WRITE 1 MARINA COVE DRIVE NICEVILLE, FL 32578 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 aignsture required when remetating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE HARDEN, WILLIAM R NAME STREET ADDRESS 1 MARINA COVE DRIVE CITY-ST-ZIP NICEVILLE, FL 32578 TITLE HARDEN, WILLIAM R U00000681913 STREET ADORESS 1 MARINA COVE DRIVE 04/04/07-80064-015 150.00 CITY-ST-ZIP NICEVILLE, FL 32578 SHELTON, STEPHEN B NAME 319 FAIRWOOD DRIVE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP NICEVILLE, FL 32578 IN THIS SPACE TIT: F SHELTON, STEPHEN B NAME 319 FAIRWOOD DRIVE STREET ADORESS CITY-ST-ZIP NICEVILLE, FL 32578 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 changed, or on an attachment with an address, with all other like empowered,