2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006
Secretary of State

DOCUMENT# P04000151027

Entity Name: HARBORVIEW MANAGEMENT, INC.

Current Principal Place of Business:

543 HARBOR BLVD, #501
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

543 HARBOR BLVD, #501
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 30-0288218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CADENHEAD & ASSOCIATES, P.A.
543 HARBOR BLVD, #501
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

CHRIS CADENHEAD PA
543 HARBOR BLVD, #501
DESTIN, FL 32541 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: CHRIS CADENHEAD 07/17/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CADENHEAD, CHRIS E
Address: 543 HARBOR BLVD, #501
City-St-Zip: DESTIN, FL 32541 US

Title: VP ( ) Delete
Name: DAWSON, GAIL
Address: 543 HARBOR BLVD #541
City-St-Zip: DESTIN, FL 32541 US

Title: VP ( ) Delete
Name: CADENHEAD, SKYLER
Address: 543 HARBOR BLVD #541
City-St-Zip: DESTIN, FL 32541 US

Title: VP ( ) Delete
Name: CADENHEAD, CHRISTEN
Address: 543 HARBOR BLVD #541
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GAIL DAWSON S 07/17/2006
Electronic Signature of Signing Officer or Director Date