
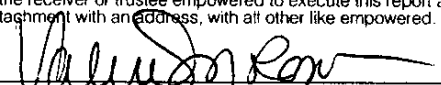


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90143 010 ***150.00

| | | | | | |
|---|--|---|---|--|---|
| DOCUMENT # P04000163960 | | | |  | |
| 1. Entity Name THE HARBINGER GROUP, INC. | | | | | |
| Principal Place of Business 9471 BAYMEADOWS ROAD SUITE 204 JACKSONVILLE, FL 32256 | | | Mailing Address 11555 EDGEMERE DRIVE JACKSONVILLE, FL 32223 | | |
| 2. Principal Place of Business - No P.O. Box # 12412 San Jose Blvd. | | 3. Mailing Address Suite, Apt. #, etc. Suite 102 | | | |
| City & State Jacksonville FL | | City & State Jacksonville FL | | 4. FEI Number 20-1964844 | |
| Zip 32223 | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROSEN, PAUL 11555 EDGEMERE DRIVE JACKSONVILLE, FL 32223 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P PAUL, ROSEN 9471 BAYMEADOWS ROAD, SUITE 204 JACKSONVILLE, FL 32256 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V ROSEN, VALERI 9471 BAYMEADOWS ROAD, SUITE 204 JACKSONVILLE, FL 32256 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 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. | | | | | |
| SIGNATURE:  | | | 3-20-2007 904) 886-9001 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

40046017



03202007 Chg-P CR2E034 (12/06)