2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 14, 2006 8:00 am Secretary of State **DOCUMENT # P05000107331** 03-14-2006 90033 019 ***150.00 HARAK INVESTMENT GROUP, INC. Mailing Address Principal Place of Business 1901 MAGDALENE MANOR DR 10912 N 56TH STREET TEMPLE TERRACE, FL 33617-3004 TAMPA, FL 33613 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 322 38つ9 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARAK, MICHAEL J JR 1901 MAGDALENE MANOR DR Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33613 City 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. Taral 3-10-06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change TITLE ☐ Delete TITLE HARAK, MICHAEL J JR NAME NAME 1901 MAGDALENE MANOR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33613** CITY-ST-ZIP □ Delete TITLE ☐ Change Addition TITLE HARAK, CHRISTOPHER M NAME NAME 5682 SAMTER CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 336114300 CITY-ST-ZIP Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

tara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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