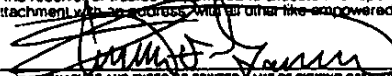


2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/5/2008-90003-038-\$550.00-\$550.00

FILED
Sep 29, 2008 8:00 A.M.
Secretary of State

DOCUMENT # P06000114287					
1. Entry Name DARK HARBOR PICTURES, INC.					
Principal Place of Business 2500 N. FEDERAL HIGHWAY SUITE 303 FORT LAUDERDALE, FL 33305			Mailing Address 2500 N. FEDERAL HIGHWAY SUITE 303 FORT LAUDERDALE, FL 33305		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		09022008 : Chg-P : CR2E034 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 20-5497520	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAGNON, STEVEN F 2500 N. FEDERAL HIGHWAY SUITE 303 FORT LAUDERDALE, FL 33305			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GAGNON, STEVEN F		NAME		
STREET ADDRESS	2500 N FEDERAL HWY, SUITE 303		STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE, FL 33305		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			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		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			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		
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 no address, title or other like empowered.					
SIGNATURE: 			9/2/08 954-533-2749		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		