2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076634

BRIDGE, SCOTT

563 SELVA LAKES CIRCLE

ATLANTIC BEACH, FL 32233 US

Name:

Address:

City-St-Zip:

FILED Apr 28, 2008 Secretary of State

Entity Nar	me: NORTH	STAR HARBOR CO.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	ORGE ROAD VILLE, FL 322	226 US			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
	ORGE ROAD VILLE, FL 322	226 US			
FEI Number:	26-0523513	FEI Number Applied For () FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			t: Name and Address	Name and Address of New Registered Agent:	
SMALLBIZ AGENTS, LLC 4244 W. TENNESSEE ST. #185 TALLAHASSEE, FL 32304 US			460 STURDIVANT / SUITE 462	BEACHES ACCOUNTING & AUDITING 460 STURDIVANT AVE SUITE 462 ATLANTIC BEACH, FL 32233 US	
	named entity e of Florida.	submits this statement for	the purpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE: R WELL	INGTON		04/28/2008	
	Electro	nic Signature of Registered	d Agent	Date	
Election Car	npaign Financin	g Trust Fund Contribution().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	REGISTER, GI FORT GEORG		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BRIDGE, SCO 563 SELVA LA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	REGISTER, DE FORT GEORG		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TRE () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: S BRIDGE VΡ 04/28/2008