2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State
03-05-2008 90025 006 ***150.00

DOCUMENT # P07000123929

1. Entity Name
HARLU INC.

Principal Place of Business	Mailing Address
8509 SHADOW COURT CORAL SPRINGS, FL 33071	8509 SHADOW COURT CORAL SPRINGS, FL 33071
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01052008 Chg-P CR2E034 (12/06)

4. FEI Number 26-1615195 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HIGKY, WILLIAM A~~ ~~3709 SHADOW COURT~~ CORAL SPRINGS, FL 33071	Name Hickey, William A Street Address (P.O. Box Number is Not Acceptable) 8509 Shadow Ct 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 William A Hickey 2/28/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~HIGKY, WILLIAM A~~ ~~3509 SHADOW COURT~~ CORAL SPRINGS, FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hickey, William A 8509 Shadow Ct	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: William A Hickey 2/28/08 954-340-0950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #