2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P38040 1. Entity Name 03-04-2005 90080 014 ***150.00 HARRISON ASSOCIATES, INC. Principal Place of Business Mailing Address 1840 NE 59TH CT P.O. BOX 7215 FORT LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33338 US 3. Mailing Address 2. Principal Place of Busines 7880 N. UNIVERS: Suite, Apt. #, etc. 03012005 CR2E034 (10/03) Chg-P 4. FEI Number Applied For City & State AUDERI) ALE TAMARAC 52-1571749 Not Applicable Country \$8.75 Additional ISA USA 3338 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICHARD G. HARRISON 1840 NE 59TH CT FORT LAUDERDALE, FL 33308 TAMARAC 8. The above named only subthits 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 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicab 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE TITLE Delete HARRISON, RICHARD G. ACTORDE 1 7880 N. UNIVERSITY DRIVE #201 HARRISON, RICHARD G. NAME 1840 NE 59TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete TITLE ☐ Change ☐ Addition TILE 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 Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Chance 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 exemption stated in Section 119.07(3)(i), 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 repeiver 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 attach SIGNATURE:

FILED

Mar 04, 2005 8:00 am