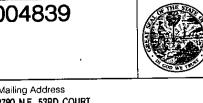
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000004839 **DOCUMENT #**

1. Entity Name

HARMONIOUS RESOURCES INC.



FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90203 027 ***150.00

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Principal Place of Business 2780 N.E. 53RD COURT LIGHTHOUSE POINT FL 33064		Mailing Address 2780 N.E. 53RD COURT LIGHTHOUSE POINT FL 33064							
2. Principal Place of Business		3. Mailing Address					 	II	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FE	4. FEI Number 65-0387096 Applied For Not Applicab			
Zip	Country	Zip		Country		ertificate of Status Desired	\$8.75 Addi Fee Required		
6. Na	Registered /	d Agent			7. Name and Address of New Registered Agent				
ASHBY, MELODEE 2780 N.E. 53RD COURT				Street Address	Name Street Address (P.O. Box Number is Not Acceptable)				
LIGHTHOUSE POI		City				Zip Code	,		
signature.	entity submits this statement for agistered agent. Appeal or printed name of registered agent W!!! FEE IS \$150.00 2003 Fee will be \$550.00	and title if applica	X & U.S.E.	Registered Agent signature requ	N E	9. Election Campaign Financing	\$5.0	O May Be to Fees	
Make Check Payab	le to Florida Department o	of State				Trust Fund Contribution.	_	·	
10.	OFFICERS AND	DIRECTORS	3	11.	ADI	DITIONS/CHANGES TO OFFICERS		Addition	
STREET ADDRESS 2780 N	, MELODEE I.E. 53RD COURT HOUSE POINT FL 33064		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		/ ***	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	orași		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	☐ Addition	
12. I hereby certify the indicated on this of the perpendicular	nat the information supplied wi report or supplemental report n or the receiver or trustee em an attachment with an address	nowered to e	xecute this report	t as required by Chapter	Section the same 607, Flori	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; the da Statutes; and that my name appe	er certify that the hat I am an office ears in Block 10 o	information r or director r Block 11 if	

SIGNATURE:

Daytime Phone #