

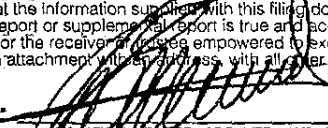


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000016740 1. Entity Name HARLINGTON, INC.			
Principal Place of Business 8823 SAN JOSE BLVD SUITE 310 JACKSONVILLE, FL 32217 US		Mailing Address P.O. BOX 47276 JACKSONVILLE, FL 32247 US	
DO NOT WRITE IN THIS SPACE			
		02102005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3229508	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORP. 701 BRICKELL AVE STE 3000 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000242035 02/24/05-80066-024 150.00	
TITLE	P		
NAME	SAOUD, EDMOND R		
STREET ADDRESS	8823 SAN JOSE BLVD SUITE 310		
CITY - ST - ZIP	JACKSONVILLE, FL 32217		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
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CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
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)(f), 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 without address, with all other like empowered.			
SIGNATURE: 		EDMOND SAOUD FEB 22, 05 904-732-2846	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	