## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P95000004551

1. Entity Name

OLD HARBOUR MINERALS INC.



Principal Place of Business

Mailing Address

3700 HULEN STREET FORT WORTH, TX 76107 P.O. BOX 985004 FORT WORTH, TX 76185-5004

## **FILED** May 10, 2006 8:00 am Secretary of State

05-10-2006 90107 038 \*\*\*150.00

60038162



DO NOT WRITE IN THIS SPACE

04032006 No Chg-P CR2E034 (11/05)

٦.	NOT APPLICABLE

4 CCI Niverban

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET

TALLAHASSEE, FL 32301

## 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 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, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees					
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLEY, JIM D 3700 HULEN STREET FORT WORTH, TX 76107						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REILLY, DAVE 3700 HULEN STREET FORT WORTH, TX 76107						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							

12. I hereby certify that the information supplied with this fitting 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** 

CITY-ST-ZIP

Stephen Barnish AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/06 <u>(817) 732-8164</u>