2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # P9500004551 1. Entity Name OLD HARBOUR MINERALS INC.							04-23-2007 90092 029 ***150.00					
Principal Place of Business 3700 HULEN STREET FORT WORTH, TX 76107			Mailing Address P.O. BOX 985004 FORT WORTH, TX 76185-5004				40076346					
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01302007	Chg-P	CR2E0	34 (12/06)		
City & Stat	e		City & State			4. FEI Number Applied For NOT APPLICABLE Not Applicable						
Zip	Country		Zip	Cou	Country			of Status Desired		\$8.75 Add	itional	
·····	6. Name	and Address of Current	Registered Agent				7. Name and	Address of New R	egistered .	Agent		
CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET					Name Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE, FL 32301							·			_ 		
·						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												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE												
FIL After M	E NOW!!! ay 1, 200	9. Election Ca OO Trust Fund	mpaign Fina Contribution		\$5. Adde	00 May 8e ad to Fees						
10.	,	OFFICERS AND	DIRECTORS	11	·	ADDITIONS/CHANGES TO OFFICERS		ICERS AND				
TITLE NAME STREET ADDRESS	1	EN STREET	☐ Delete		ME REET ADDRESS					☐ Change	Addition	
CITY-ST-ZIP		ORTH, TX 76107		CIT	Y-ST-ZIP						_	
TITLE	PD	341.4F	X Delete	TIT		PD				☐ Change	▼ Addition	
NAME STREET ADDRESS	REILLY, D	JAVE EN STREET		NAM	ME REET ADDRESS	Fras	ser, Chr	istopher T Street				
CITY-ST-ZIP	1	ORTH, TX 76107		1	Y-ST-ZIP			TX 76107				
TITLE			Delete	TIT	LE					Change	Addition	
NAME				NA	ME							
STREET ADDRESS					REET ADDRESS	1						
CITY-ST-ZIP	<u> </u>				Y-ST-ZIP						C) Addition	
TITLE NAME			Delete	TIT:						☐ Change	Addition	
STREET ADDRESS	l				REET ADDRESS							
CITY-ST-ZIP				CIT	Y-ST-ZIP	<u> </u>						
TITLE			☐ Delete	TIT						☐ Change	Addition	
NAME STREET ADDRESS				NAI STE	ME IEET ADDRESS							

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 of trusted employeed 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

- Stephen Barnish 4/13/07

817-732-8164

Daytime Phone #

☐ Change ☐ Addition