2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 23, 2006 08:00 AM **Secretary of State** DOCUMENT # P97000029008 9476 HARDING INVESTMENTS, INC. Principal Place of Business Mailing Address 210-71 STREET 210-71 STREET **STE 309** STE 309 MIAMI BEACH, FL 33141 MIAMI'BEACH, FL 33141 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 65-0742449 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE YEHEZBEL, HAIM 207-71 STREET STE #309 MIAMI BEACH, FL 33141 IN THIS SPACE 5. 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 SIGNATURE Signature, typed or printed name of registered agent and title if epplicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS D TITLE YEHEZKEL, HAIM NAME STREET ADDRESS 210-71 STREET #309 CITY-ST-ZIP MIAMI BEACH, FL 33141 TITLE NAME STREET ADDRESS U00000397931 01/30/86-80076-805 150.00 CITY-ST-ZIP mu NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CHY-ST-ZIP TOTALE NAME

12. Thereby certify that the information supplied with this filling 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 path; 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 impowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

H dum

ME OF SIGNING OFFICER OR DIRECTOR

Xalala

305-864-888S

FILED