

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90209 044 ***150.00

DOCUMENT # P97000047406 1. Entity Name HARRINGTON RESOURCES, INC.			
Principal Place of Business 1610 RIO COVE CT ORLANDO FL 32825		Mailing Address 1610 RIO COVE CT ORLANDO FL 32825	
2. Principal Place of Business - No P.O. Box # 1610 RIO COVE CT		3. Mailing Address SAME	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State ORLANDO FL		City & State 	
Zip 32825	Country ORANGE	Zip 	Country
6. Name and Address of Current Registered Agent HARRINGTON, LYNDA 1610 RIO COVE CT. ORLANDO FL 32825		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT HARRINGTON, LYNDA 1610 RIO COVE CT ORLANDO FL 32825 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS HARRINGTON, PARKER 1610 RIO COVE CT ORLANDO FL <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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1st MOORE CR2E034 (10/06)

4. FEI Number **59-3457804** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Bernice Harrington 4/11/07 407-482-8006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #