

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 05, 2006 8:00 am**  
**Secretary of State**

01-05-2006 90001 008 \*\*\*150.00

<b>DOCUMENT # P97000088875</b>			
<b>1. Entity Name</b> <b>HARRIGAN ROAD CORPORATION</b>			
<b>Principal Place of Business</b> <b>406 W. PUTNAM AVENUE</b> <b>GREENWICH, CT 06860</b>		<b>Mailing Address</b> <b>406 W. PUTNAM AVENUE</b> <b>GREENWICH, CT 06860</b>	
<b>2. Principal Place of Business</b> <b>445 W. Putnam Ave</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> <b>445 W. Putnam Ave.</b> Suite, Apt. #, etc.	
<b>City &amp; State</b> <b>Greenwich, CT</b> Zip: <b>06830</b> Country:		<b>City &amp; State</b> <b>Greenwich, CT</b> Zip: <b>06830</b> Country:	
<b>4. FEI Number</b> <b>65-0884427</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>UNITED COPORATE SERVICES, INC.</b> <b>9200 S. DADELAND BLVD.</b> <b>SUITE 508</b> <b>MIAMI, FL 33156</b>		<b>7. Name and Address of New Registered Agent</b> Name: <b>Alfred E. Miller</b> Street Address (P.O. Box Number is Not Acceptable): <b>22771 El Dorado Drive</b> City: <b>Boca Raton</b> State: <b>FL</b> Zip Code: <b>33433</b>	
<b>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.</b> SIGNATURE: <u><i>Alfred E. Miller</i></u> DATE: <u>Jan. 3, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE: <b>P</b> <input type="checkbox"/> Delete NAME: <b>MILLER, ALFRED E</b> STREET ADDRESS: <b>22771 EL DORADO DR.</b> CITY-ST-ZIP: <b>BOCA RATON, FL 33433</b>	TITLE: <b>V/C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>Bernice T. Miller</b> STREET ADDRESS: <b>22771 El Dorado Dr.</b> CITY-ST-ZIP: <b>Boca Raton, FL 33433</b>		
TITLE: <b>S</b> <input type="checkbox"/> Delete NAME: <b>MILLER, THOMAS J</b> STREET ADDRESS: <b>19 COLONEL FERRIS ROAD</b> CITY-ST-ZIP: <b>SOUTH SALEM, NY 10590</b>	TITLE: <b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>Kenneth T. Miller</b> STREET ADDRESS: <b>1 LedgeWood Lane</b> CITY-ST-ZIP: <b>South Salem, NY 10590</b>		
TITLE: <b>V/D</b> <input type="checkbox"/> Delete NAME: <b>MILLER, JEFFREY T</b> STREET ADDRESS: <b>19 ROBERTA LANE</b> CITY-ST-ZIP: <b>GREENWICH, CT 06830</b>	TITLE: <b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>Charles H. Miller</b> STREET ADDRESS: <b>371 Taconic Rd</b> CITY-ST-ZIP: <b>Greenwich, CT 06831</b>		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 	TITLE: <b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>Jennifer Miller-Morse</b> STREET ADDRESS: <b>13 Goldthwait Rd.</b> CITY-ST-ZIP: <b>Marblehead, MA 01945</b>		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 	TITLE: <b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>Alfred E. Miller</b> STREET ADDRESS: <b>22771 El Dorado Dr</b> CITY-ST-ZIP: <b>Boca Raton, FL 33433</b>		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 	TITLE: <b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>Thomas J. Miller</b> STREET ADDRESS: <b>19 Colonel Ferris Rd</b> CITY-ST-ZIP: <b>South Salem, NY 10590</b>		
<b>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 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.</b>			
<b>SIGNATURE:</b> <u><i>Alfred E. Miller</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Jan 3, 2006</u> (561) 362-4147 <small>Date Daytime Phone #</small>	