2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 13, 2007 08:00 A Secretary of State **DOCUMENT # P98000087463** 1. Entity Name HARBOR VIEW HOUSE, INC. Principal Place of Business Mailing Address **4020 S FLETCHER AVENUE** P.O. BOX 6073 AMELIA ISLAND, FL 32034 AMELIA ISLAND, FL 32035 04102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3540317 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARFITT, DIANNE W DO NOT WRITE **4020 S FLETCHER AVENUE** AMELIA ISLAND, FL 32034 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME DOULET, CLAYTON J STREET ADDRESS **4020 S FLETCHER AVENUE** CITY-ST-ZIP AMELIA ISLAND, FL 32034 TITLE PARFITT, DIANNE W NAME STREET ADDRESS **4020 S FLETCHER AVENUE** CITY-ST-ZIP AMELIA ISLAND, FL 32034 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000703303 04/20/07-80136-008 150.00 TITLE NAME

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.

CICNATIEDE.

STREET ADDRESS CITY-ST-7IP

10 Spil 07 (904) 261-0207