2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V08660

FILED Jan 16, 2007 Secretary of State

Entity Name: HARBOR TOWERS PROPERTIES, INC.

Current Principal Place of Business: New Principal Place of Business: 5855 MIDNIGHT PASS RD SARASOTA, FL 34242					
Current Mailing Address:			New Mailir	New Mailing Address:	
5855 MIDNIGHT PASS RD SARASOTA, FL 34242					
FEI Number:	65-0307540	FEI Number Applied For()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SMITH, MARGARET 5855 MIDNIGHT PASS RD SARASOTA, FL 34242 US					
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.					
SIGNATURE:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LANE, ROBERT	Γ PASS RD, #715	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () GREINER, RON 5855 MIDNIGH SARASOTA, FL	Γ PASS #407	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CASSADY, JAN	Γ PASS RD. #108	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () WEISS, JOHN 5855 MIDNIGH SARASOTA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DARLING, PHY 5855 MIDNIGH SARASOTA, FL	Γ PASS #325	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SLUSARZ, ROE 4637 KINGSTO SARASOTA, FL	N LOOP	Title: Name: Address: City-St-Zip:	D (X) Change () Addition CARSON, RYAN T 5200 OCEAN BLVD SARASOTA, FL 34242	
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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					

SIGNATURE: RYAN T CARSON D 01/16/2007

above, or on an attachment with an address, with all other like empowered.