

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000003230

**Entity Name:** HARMONY HEALTHCARE INTERNATIONAL, INC.

**Current Principal Place of Business:**

430 BOSTON ST.  
SUITE 104  
TOPSFIELD, MA 01983

**Current Mailing Address:**

430 BOSTON ST.  
SUITE 104  
TOPSFIELD, MA 01983

**FEI Number:** 04-3582361

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

**Officer/Director Detail :**

Title            PRES  
Name            MASTRANGELO, KRISTEN J  
Address        430 BOSTON ST., SUITE 104  
City-State-Zip: TOPSFIELD MA 01983

Title            D  
Name            MASTRANGELO, PETER R  
Address        430 BOSTON ST., SUITE 104  
City-State-Zip: TOPSFIELD MA 01983

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

**SIGNATURE:** PETER MASTRANGELO

**DIRECTOR**

**03/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date