


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90171 028 \*\*\*150.00

<b>DOCUMENT # P04000060553</b> 1. Entity Name <b>HARMILL SALES, INC.</b>	
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Principal Place of Business <b>121 COMMERCE ROAD BOYNTON BEACH, FL 33426</b>	Mailing Address <b>121 COMMERCE ROAD BOYNTON BEACH, FL 33426</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	01172007 Chg-P CR2E034 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>16-1697559</b>
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>
HARRISON, DANIEL P 6911 FAIRWAY LAKES DRIVE BOYNTON BEACH, FL 33437

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	HARRISON, DANIEL P
STREET ADDRESS	6911 FAIRWAY LAKES DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	V <input type="checkbox"/> Delete
NAME	HARRISON, RENEE A
STREET ADDRESS	6911 FAIRWAY LAKES DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	T <input type="checkbox"/> Delete
NAME	FEINBERG, MEICHELLE
STREET ADDRESS	1437 W LAMPLIGHTER LANE
CITY-ST-ZIP	GWYNEDD, PA 19436
TITLE	<input type="checkbox"/> Delete
NAME	-
STREET ADDRESS	-
CITY-ST-ZIP	-
TITLE	<input type="checkbox"/> Delete
NAME	-
STREET ADDRESS	-
CITY-ST-ZIP	-
TITLE	<input type="checkbox"/> Delete
NAME	-
STREET ADDRESS	-
CITY-ST-ZIP	-

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, DANIEL P
STREET ADDRESS	6986 CAVIRO LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, RENEE A
STREET ADDRESS	6986 CAVIRO LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-
STREET ADDRESS	-
CITY-ST-ZIP	-
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-
STREET ADDRESS	-
CITY-ST-ZIP	-
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-
STREET ADDRESS	-
CITY-ST-ZIP	-

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.

**SIGNATURE:** *Daniel P. Harrison* 4/16/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #