2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 10, 2007 8:00 am Secretary of State

DOCUMENT # P06000073390 1. Entity Name HARRIGAN BUILDERS INC.					09-10-2007 90004 040 ***158.75			
Principal Place	e of Business	Mailing Address						
2650 N MILITARY TRAIL, SUITE 240 BOCA RATON, FL 33431		2650 N MILITARY TRAIL, SUITE 240 BOCA RATON, FL 33431)((88 () 8 8 ())(88 ()) 88 ()) 88 ())		I III XI II 13 I II I	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4307 CHATEAU CRESCENT		CFINO				
Suite, Apt, #, etc.		Suite, Apt. #, etc.		08292007	Chg-P	CR2E034 (12/06)	ľ	
City & State		City & State HANMER, ONTARIO		4. FEI Num	-567019	16 N	pplied For ot Applicable	
Zip 	Country	P3P1ZA	Country ANAOA		e of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name ar	d Address of New Re	gistered Agent		
BSPA CORPORATE SERVICES, INC. 350 E LAS OLAS BLVD STE 1000			Street A	ddress (P.O. Box Num	(P.O. Box Number is Not Acceptable)			
FT LAUDE	RDALE, FL 33301							
			City			FL Zip Coo	de	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	gistered office of	r registered agent, or b	oth, in the State of Flor	ida. I am familiar with	, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE; F	Registered Agent signal	ure required when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Fire Trust Fund Contribution			~ ~	\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITION	CHANGES TO OFFIC	CERS AND DIRECTOR		
TITLE . NAME		☐ Delete		PRESIDENT ALBERT HA	RRIOAN EAU CRESCEI	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	. *		STREET ADORESS CITY-ST-ZIP	MANNER, O	NICHNARA	PBPIZZ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE			☐ Change	Addilion	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
		☐ Delete	STREET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	entify that the information supplied with	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ontained in Chapter 1	19, Florida Statutes. I fu	☐ Change	☐ Addition	

indicated on this report or supplemental report is true and activate 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Acusi31/07 (755)877-191