

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000108152
 1. Entity Name
 HIDDEN HARBOUR ASSET CORP.



Principal Place of Business: C/O SAMSON MANAGEMENT CORP., 97-77 QUEENS BLVD., STE. 710, REGO PARK, NY 11374
 Mailing Address: C/O SAMSON MANAGEMENT CORP., 97-77 QUEENS BLVD., STE. 710, REGO PARK, NY 11374



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 11-3468332 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

DO NOT WRITE 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME	GOLDSTEIN, ARNOLD
STREET ADDRESS	9777 QUEENS BLVD., STE. 710
CITY- ST- ZIP	NEGO PARK, NY
TITLE	V
NAME	BIANCO, JOHN
STREET ADDRESS	9777 QUEENS BLVD., STE. 710
CITY- ST- ZIP	NEGO PARK, NY 710
TITLE	S
NAME	WAXMAN, MARK Z
STREET ADDRESS	235 S. COUNTY RD., STE. 210
CITY- ST- ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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11/26/06-800338-022 150.00

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06 (718) 8300131
 Date Daytime Phone #