2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 203155

Entity Name: HUGH H. BRANCH, INC.

FILED Jan 31, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2900 STATE ROAD 15

BELLE GLADE, FL 33430 US

Current Mailing Address: New Mailing Address:

PO BOX 598

PAHOKEE, FL 33476 US

FEI Number: 59-0804813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BRANCH, HUGH H SHIVER, DANIEL L 2801 BACOM POINT RD. SHIVER, DANIEL L 807 IVY DRIVE

PAHOKEE, FL 33476 US WELLINGTON, FL 33476 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: DANIEL L. SHIVER 01/31/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 BRANCH, HUGH H,
 Name:
 BRANCH, HUGH H JR

 Address:
 2801 BACOM POINT RD.
 Address:
 13776 SOUTHWEST 16TH DRIVE

 City-St-Zip:
 PAHOKEE, FL 33476 US
 City-St-Zip:
 OKEECHOBEE, FL 34974 US

Title: STD () Delete Title: ST (X) Change () Addition

Name: BRANCH,BARBARA, Name: HERRING, DANIEL R

 Address:
 2801 BACOM POINT RD.
 Address:
 1009 NORTHEAST 1ST STREET

 City-St-Zip:
 PAHOKEE, FL 33476 US
 City-St-Zip:
 BELLE GLADE, FL 33430 US

Title: VPD () Delete Title: () Change () Addition

 Name:
 BERGMANN, BRETT C
 Name:

 Address:
 13646 CALLINGTON DR
 Address:

 City-St-Zip:
 WELLINGTON, FL 33414 US
 City-St-Zip:

Title: () Delete Title: VPD () Change (X) Addition

 Name:
 Name:
 SHIVER, DANIEL L

 Address:
 Address:
 807 IVY DRIVE

 City-St-Zip:
 City-St-Zip:
 WELLINGTON, FL 33414

Title: () Delete Title: VPD () Change (X) Addition

 Name:
 Name:
 STAFFORD, GARY L

 Address:
 Address:
 13837 GERANIUM PLACE

 City-St-Zip:
 City-St-Zip:
 WELLINGTON, FL 33414

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

SIGNATURE: DANIEL L. SHIVER VPD 01/31/2006