


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 331146
1. Entity Name
4844 CORP



Principal Place of Business
14200 N.W. 4TH ST
SUNRISE, FL 33325 US

Mailing Address
C/O DAVID A. YARBOROUGH
14200 N.W. 4TH ST
SUNRISE, FL 33325 US

DO NOT WRITE IN THIS SPACE



04282006 No Chg-P CRZE034 (11/05)

4. FIC Number
59-1379052 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
YARBOROUGH, HAROLD G.
14200 N.W. 4TH ST.
SUNRISE, FL 33325

**DO NOT WRITE
IN THIS SPACE**

I, the above named entity submit 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: _____ DATE: _____
Signature (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

**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

U00000559882
05/18/06-80021-015 150.00

18. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD YARBOROUGH, HAROLD G 15140 WHEYSTONE WAY FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YARBOROUGH, DAVID A 14200 NW 4TH STREET FORT LAUDERDALE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 reports 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 registered trustee authorized 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 an other (see report form 1).

SIGNATURE: Harold Yarborough 5/1/06 (954) 845-1110
SIGNATURE AND (TYPE OR PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr