


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90147 032 \*\*\*150.00

<b>DOCUMENT # J06758</b>			
1. Entity Name <b>SARAH'S HOUSE, INC.</b>			
Principal Place of Business <b>308 EAST GOVERNMENT ST PENSACOLA FL 32501</b>		Mailing Address <b>1823 EAST LAURA ST PENSACOLA FL 32501</b>	
2. Principal Place of Business <b>MOORE</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>1823 EAST LAURA ST</b>		Suite, Apt. #, etc.	
City & State <b>PENSACOLA FL</b>		City & State	
Zip <b>32501</b>	Country <b>ESCAMBIA</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>BROWN, SARAH S. 1823 EAST LAURA ST PENSACOLA FL 32501</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BROWN, WALTER F. 1823 E. LAURA ST. PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, SARAH S. 1823 E. LAURA ST. PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Sarah S Brown (SARAH BROWN) 3/20/06 850-291-4616  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #