## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## FILED Feb 09, 2006 8:00 am Secretary of State

DOCUMENT # L53946  1. Entity Name MANATEE HOMES, INC.								02-09-2006	90029 00.	5 ***150	0.00
Principal Place of Business 795 SILVERBELL LANE WEST PALM BEACH, FL 33414 US				ailing Address 95 SILVERBELL LANE IEST PALM BEACH, FL	US	1 (\$\$\$)(\$\$) \$(\$	esse				
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.		01252006	Chg-P	CR2E03	4 (11/05)		
City & State				City & State		4. FEI Numb 65-017				plied For t Applicable	
Zip	Country		;	Zip Coun		try	5. Certificate	of Status Desired	□ <b>\$</b>	8.75 Add ee Require	litional d
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
YURICK, CHRIS 795 SILVER BELL LANE						Street Address (P.O. Box Number is Not Acceptable)					
W PALM BEACH FL, FL 33414								-			
e de la companya del companya de la companya del companya de la co						City		<u> </u>	FL	Zip Code	9
8. The above named entify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required								· <del>-</del> ·	DATE		<del></del> -
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.							5.00 May Be Ided to Fees				
10.	,	OFFICERS AN	D DIREC				ADDITIONS	CHANGES TO OFFI	CERS AND D	IRECTORS	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	l	CHRIS ERBELL LANE BEACH FL,		☐ Delete		<b>I</b>			(	□ Change	☐ Addition
THTLE NAME STREET ADDRESS CITY-ST-ZIP										Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Oelete		I .				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			12.00		1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					1	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		l				Change	☐ Addition
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 frust dempowered 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 appears, with all other like empowered.											