

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90043 022 \*\*\*150.00

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01242006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # M99998</b> 1. Entity Name <b>KAHN BUILDERS, INC.</b>					
Principal Place of Business <b>% MICHAEL E. KAHN</b> <b>8850 NORTH U.S. 1</b> <b>WABASSO, FL 32970</b>			Mailing Address <b>8850 N. US #1</b> <b>SEBASTIAN, FL 32958</b> <b>US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0075145</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>KAHN, MICHAEL E.</b> <b>8850 NORTH U.S. 1</b> <b>WABASSO, FL 32970</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)    DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Trust Fund Contribution.    Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, MICHAEL E. <input type="checkbox"/> Delete 8850 NORTH U.S. 1 WABASSO, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAHN, MICHAEL E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8850 N US 1 SEBASTIAN, FL 32958	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KAHN, JAMES A <input type="checkbox"/> Delete 8850 N US #1 WABASSO, FL 32970		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAHN, JAMES A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8850 N US 1 SEBASTIAN, FL 32958	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KAHN, BRENDA J <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8850 N US 1 SEBASTIAN, FL 32958	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:			1-24-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		