

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90030 022 \*\*\*\*61.25

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1st MOORE CR2E037 (10/05)

<b>DOCUMENT # N98000002793</b>					
1. Entity Name <b>S.B.H.S. REUNION, INC.</b>					
Principal Place of Business <b>1215 SE 2ND AVENUE SUITE 102 FORT LAUDERDALE FL 33316 US</b>			Mailing Address <b>1215 SE 2ND AVENUE SUITE 102 FORT LAUDERDALE FL 3336 US</b>		
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 21790 33335 FORT LAUDERDALE, FL 33335</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0864904</b>	
<b>33335</b>	<b>USA</b>	<b>33335</b>	<b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BROWN, D.C. PRES 1215 SE 2ND AVENUE SUITE 102 FT. LAUDERDALE FL 33316</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 terminating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, D.C. PRES			NAME	
STREET ADDRESS	1215 SE 2ND AVENUE, SUITE 102			STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDEIROS, LINDA			NAME	
STREET ADDRESS	5905 SW 51ST ST			STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, CHARLES T			NAME	
STREET ADDRESS	200 BERKLEY, # 202			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 617, 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: <u>D.C. Brown</u>				3/21/06 954-523-7001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	



ATTACHMENT

66006757

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2006

S.B.H.S. REUNION, INC.  
POB 21790  
FORT LAUDERDALE, FL 33335 US

Subject: S.B.H.S. REUNION, INC.

Reference Number:

N98000002793

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM

ANNUAL REPORTS SECTION