


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000083721
1. Entity Name
BUY OWNER, INC.



Principal Place of Business Mailing Address
1192 E. NEWPORT CENTER DRIVE, STE. 200 1192 E. NEWPORT CENTER DRIVE, STE. 200
DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE



03202006 No Chg-F CR2E034 (11/05)

4. FEI Number 65-1047153	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ECKERT, CHARLES S
1192 E. NEWPORT CENTER DRIVE, STE. 200
DEERFIELD BEACH, FL 33442

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IN THIS SPACE**

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 _____

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO ECKERT, SCOTT A 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ECKERT, SCOTT A 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ECKERT, CHARLES S 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ECKERT, PATRICIA A 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ECKERT, SIBYL M 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/06-80073-011 158.75

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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: Scott Eckert SCOTTA.ECKERT 3-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #