



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000029719 1. Entity Name ANB ENTERPRISES, INC.						FILED 06 APR 18 AM 10:40	
Principal Place of Business ONE PROGRESS PLAZA SUITE 450 200 CENTRAL AVE ST. PETERSBURG, FL 33701				Mailing Address ONE PROGRESS PLAZA SUITE 450 200 CENTRAL AVE ST. PETERSBURG, FL 33701			
2. Principal Place of Business 25 Second St N		3. Mailing Address 25 Second St N					
Suite, Apt. #, etc. 210		Suite, Apt. #, etc. 210					
City & State 		City & State 		04042006 Chg-P CR2E034 (11/05)		4. FEI Number 59-3707406	
Zip 		Country 		Zip 		Country 	
6. Name and Address of Current Registered Agent AVIRAM, TAL ONE PROGRES PLAZA STE 450 ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name 25 Second St N #210 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) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete AVIRAM, JIMMY 501 CAUSEWAY BLVD. BELLEAIR BEACH, FL 33786			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 90 Monte Cristo Sierra Verde FL 33715		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete AVIRAM, TAL 13373 106TH AVENUE N LARGO, FL 33774			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9389 Silverthorn Rd Largo FL 33777		
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 600070920536 04/19/06--01011--001 ***1000.00		
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 TS 4/28/04			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 information empowered.							
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date _____ Daytime Phone # _____							