


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000091113</b> 1. Entity Name <b>SADDLE BAY HOMES, INC.</b>	
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Principal Place of Business <b>655 NORTHEAST 125TH STREET NORTH MIAMI, FL 33161</b>	Mailing Address <b>PO BOX 610141 NORTH MIAMI, FL 33161</b>
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01302006 No Chg-P CRZE034 (11/05)

4. FEI Number <b>36-4496597</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>ST. PRIX, SHAWN 655 NORTHEAST 125TH STREET NORTH MIAMI, FL 33161</b>
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**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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	PSD JENKINS, SARA 655 NORTHEAST 125TH STREET NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ST. PRIX, SHAWN 655 NORTHEAST 125TH STREET NORTH MIAMI, FL 33161
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03/01/06 80014 012 150.00

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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: Shawn St. Prix V.P. 2/15/06 305 981 0070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #