


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000069609
 1. Entity Name
FBP ENTERPRISE INC.



Principal Place of Business Mailing Address
3302 BELL SHOALS ROAD **3302 BELL SHOALS ROAD**
BRANDON, FL 33511 **BRANDON, FL 33511**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2ED34 (11/05)

4. FEI Number 03-0540834	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
MORRIS, ROBERT
3302 BELL SHOALS RD
BRANDON, FL 33511-7637

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

U00000519801
04/29/06-80146-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEROCHEMONT, FRANK 3302 BELL SHOALS ROAD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DORCAS, PAUL 3302 BELL SHOALS ROAD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORRIS, ROBERT J 3302 BELL SHOALS ROAD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, (if an address, with) all other like empowered.

SIGNATURE:  **1/5/06** **83684164**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #