2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000118764

1. Entity Name
MBH PROPERTIES, INC.

Principal Place of Business	Mailing Address
515 N ADAMS ST TALLAHASSEE, FL 32301	515 N ADAMS ST TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

02202006 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
20-1499304	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOWREY, RONALD A
515 N ADAMS ST
TALLAHASSEE, FL 32301

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

DATE 4/10/06

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

U00000502195
04/25/06-80092-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, STEVE
STREET ADDRESS	515 N ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	HARVEY, DAVID
STREET ADDRESS	515 N ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	MOWREY, RONALD
STREET ADDRESS	515 N ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4-10-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #