


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90296 027 ***150.00

DOCUMENT # P04000133492	
1. Entity Name BUYER'S BROKER OF POLK COUNTY, INC.	

Principal Place of Business 100 SOUTH KENTUCKY AVENUE SUITE 215 LAKELAND, FL 33801	Mailing Address 100 SOUTH KENTUCKY AVENUE SUITE 215 LAKELAND, FL 33801
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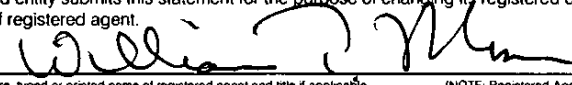
DO NOT WRITE IN THIS SPACE

03202006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1716966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
XXXXXXXXXXXXXXXXXXXX 100 SOUTH KENTUCKY AVENUE SUITE 215 LAKELAND, FL 33801	William T. Mims 1524 Easton Drive Lakeland, FL 33803

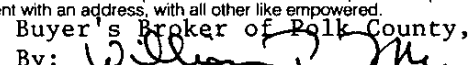
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 4-17-06

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIMS, WILLIAM T 100 SOUTH KENTUCKY AVENUE #215 LAKELAND, FL 33801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  By: William T. Mims, Pres.	4-17-06 (863) 683-9297 Date Daytime Phone #