## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000002493

Entity Name: SAXON BUSINESS MANAGEMENT, INC.

FILED Feb 15, 2006 Secretary of State

| Current Principal Place of Business:        |  |                                   | New Princi                                  | New Principal Place of Business:  |  |  |
|---|--|-----------------------------------|---|---|--|--|
| 3615 LIGH<br>TAMPA, F                       | ITNER DR.<br>L 33629                       |                                   |   |   |  |  |
| Current Mailing Address:                    |  |                                   | New Mailir                                  | New Mailing Address:  |  |  |
| 3615 LIGH<br>TAMPA, F                       | ITNER DR.<br>L 33629                       |                                   |   |   |  |  |
| FEI Number                                  | : 20-2125524                               | FEI Number Applied For ( )        | FEI Number Not Appli                        | icable ( ) Certificate of Status Desired ( )  |  |  |
| Name and                                    | l Address o                                | of Current Registered Agent       | t: Name and                                 | Address of New Registered Agent:  |  |  |
|   | N, LOU AN<br>TH ST. N. S<br>L 33773        |                                   |   |   |  |  |
|   | e named ent<br>e of Florida.               |                                   | the purpose of changing it                  | ts registered office or registered agent, or both,                                      |  |  |
| SIGNATUI                                    | RE:  |                                   |   |   |  |  |
|   | Elect                                      | tronic Signature of Registered    | l Agent                                     | Date  |  |  |
| Election Ca                                 | mpaign Finan                               | cing Trust Fund Contribution ( ). |   |   |  |  |
| OFFICER                                     | S AND DIR                                  | ECTORS:                           | ADDITION                                    | IS/CHANGES TO OFFICERS AND DIRECTOR   |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | P/D<br>ROBINSON<br>3615 LIGHT<br>TAMPA, FL | NER DR.                           | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition   |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | S<br>ROBINSON<br>3615 LIGHT<br>TAMPA, FL   | NER DR.                           | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition   |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: |  | ( ) Delete                        | Title:<br>Name:<br>Address:<br>City-St-Zip: | VP ( ) Change (X) Addition<br>ROBINSON, SALUD C<br>3615 LIGHTNER DR<br>TAMLPA. FL 33629 |  |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAXON A. ROBINSON PRES 02/15/2006