## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # P05000093120  1. Entity Name GHB DEVELOPER CORP.							03-24-2006 90023 015 ***150.00				
Principal Place of Business 1302 SW BABCOCK AVE. PORT ST. LUCIE, FL 34953			Mailing Address 1302 SW BABCOCK AVE. PORT ST. LUCIE, FL 34953				66011634				
2. Principal Place of Business			3. Mailing Address								
Suita, Apt. ♥, etc.			Suite, Apt. #, etc.				03162006	Chg-P	CR2EC	034 (11/05)	
City & State			City & State			4. FEI Numb	8545	14-		oplied For of Applicable	
Zip		Country	Zip	try			of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					Name		7. Name and	d Address of Nev	Registered .	Agent	
GRAZI, LE 217 E. OC STUART, I	EAN BLV	D.	Street A			ddress (P.O. Box Number is Not Acceptable)					
STOART,	FL 34554										
									FL	Zip Cod	e
8. The above named entity aubmits 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							when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$  Trust Fund Contribution.											
10,		OFFICERS AND I	DIRECTORS	11.			ADDITIONS	I /CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11
TITLE NAME	P CEPERO,	JOSE P	Celete	TITLE			·			☐ Change	Addition
STREET ADDRESS		BABCOCK AVENUE		ET ADORESS					-		
CITY-ST-ZIP	PT ST LU	CIE, FL 34953			-\$T- <b>73P</b>						
TITLE NAME		, ROBRTO P	(D) Celero	TITLE		VF		0-1-07-	Λ	(Z)-Change	☐ Addition
STREET ADDRESS		BABCOCK AVE.			et address			Roberto			
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NAME		, ROBERTO A	CE Deleto	XAME		TE	DERN F	nhorto	()		☐ Addition
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TITLE NAME			Delete	TITLE						Change	☐ Addition
STREET ADORESS					ET ADORESS	ı					
COY-ST-ZIP		- 1-d	AL! 49! - de	I	51,65	<u> </u>	in Observation	N Padda Arri	1 8		
12. I hereby certify that the information supplied with this filing does not quality for the exemptions obtained 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 shill habe 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.											