

2006 FOR PROFIT CORPORATION ANNUAL REPORT

07-24-2006 90007008 15000
P05000107130

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SECRETARY OF STATE
TALLAHASSEE 50022943



07062006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000107130 1. Entity Name SAB HOMES, INC					
Principal Place of Business 788 N.E. 39TH STREET BOCA RATON, FL 33431			Mailing Address 788 N.E. 39TH STREET BOCA RATON, FL 33431		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip			3. Mailing Address Suite, Apt. #, etc. City & State Zip		
Country			4. FEI Number 20 31064156		
Country			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KRAVITZ, BRUCE I 1870 FOREST HILL BLVD. SUITE 211 WEST PALM BEACH, FL 33406			7. Name and Address of New Registered Agent Name SABRINA FEARS Street Address (P.O. Box Number is Not Acceptable) 788 N.E. 39th STREET City BOCA RATON FL Zip Code 33431		
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 <u><i>Sabrina Fears</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEARS, SABRINA 788 N.E. 39TH STREET BOCA RATON, FL 33431 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 live empowered.					
SIGNATURE: <u><i>Sabrina Fears</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

2C 8/16

ATTACHMENT
SAB Homes Inc.

50022943
#805000187130

Wednesday, July 19, 2006

Dear Sirs:

**Please find annual report for the above referenced corporation,
Together with the renewal fees of \$ 150.00**

**This filing was late in that the registered agent moved and this mail was not
forwarded.**

Cordially,

SAB Homes Inc.