2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 27, 2006 8:00 am DOCUMENT # P05000146488 **Secretary of State** 1. Entity Name CBH ENTERPRISES, INC. 07-27-2006 90015 048 ***150.00 Principal Place of Business Mailing Address 10280 DRAGONFLY RUN 10280 DRAGONFLY RUN MIMS, FL 32754 MIMS, FL 32754 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 07242006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 2037 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMMEN, CYNTHIA Street Address (P.O. Box Number is Not Acceptable) 10280 DRAGONFLY RUN MIMS, FL 32754 Zip Code 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, typod or printed have or registered agent and title it applicable. (NOTE: Registered Agent algorature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition HAMMEN, CYNTHIA NAME NAME STREET ADDRESS 10280 DRAGONFLY RUN STREET ADDRESS CITY-ST-ZIP MIMS, FL 32754 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME HAMMEN, DAVID NAME 10280 DRAGONFLY RUN STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP MIMS, FL 32754 CITY-ST-ZIE TULE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change . Addition NAME NAL! STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

STREET ADDRESS

CITY-ST-ZIF

NAME

☐ Delete

SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

NAME

STREET ADDRESS

CITY-ST-ZIP

7/25/06

4073491149

Change

Addition

FILED

Daytime Ptione #

ATTACHMENT

July 27, 2006

CBH Enterprises, Inc. Cynthia Hammen 10280 Dragonfly Run Mims, Fl. 34754 40100803 #P05000146988

To whom it may concern,

I received a postcard in January, mailed it in and it came back to me. I thought nothing more of it since it was returned to me.

I am new to being a business owner and did nothing. I have received another card and mailed it in and hired an accounting firm to help me understand what I am to be doing. It has been explained to me what the card was for an annual report and the accountant down loaded the report for me. I also understand I owe a penalty of \$ 400.00. I spoke to one of your agents and he suggested I send a letter in with the report explaining what happened so that perhaps the penalty would be waived.

With the help of the accounting firm I foresee no more problems and would appreciate a waiver of the penalty if possible.

Thank you for your attention,

lyntha Hammer

Cynthia Hammen

FEI Number 203738250