2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 03, 2006 8:00 am Secretary of State 04-03-2006 90419 050 ***150.00

Minimal Place of Business Majoring Address Ma	DOCUMENT # P05000155213 1. Entity Name MINCBERG HOMES, INC.									04-03-2000	904190	930 ***130	7.00
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City & State Ci	2. Principal Place of Business				3. Mailing Address								
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nome Nome Sireat Address (P.O. Box Number is Not Acceptable) File Required File Robust submits this sistement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. FILE NOWIII FEELS \$150.00 After May 1, 2006 Fee will be \$550.00 Addition American Agent Agen	City & State				City & State						<i>783</i>	<u> </u>	
MINCBERG, DAVID H 4986 ANNISTON CIRCLE TAMPA, FL 33647 Cry FL Zip Code	Zip	Zip Country			Zip Country				5. Certificate	of Status Desired			
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Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33647 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, speed or private name of registered agent. PILE NOWITH FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 35.00 May Be Addod to Fees MINC BERG, DAVID H NAME SIREH ADDRESS CITY 51.29 INTE NAM	MINICREDA	G DAVID	ы				Name						
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