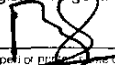


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90065 036 \*\*\*150.00

<b>DOCUMENT # P05000162591</b> 1. Entity Name <b>F &amp; H BUSINESS INC.</b>					
Principal Place of Business <b>109 S. E FLORISTA</b> <b>PORT ST. LUCIE, FL 34983</b>			Mailing Address <b>109 S. E FLORISTA</b> <b>PORT ST. LUCIE, FL 34983</b>		
2. Principal Place of Business <b>5903. N.W. FAVIAN AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>5903. N.W. FAVIAN AVE</b> Suite, Apt. #, etc.			
City & State <b>PORT ST. LUCIE, FLORIDA</b>		City & State <b>PORT ST. LUCIE, FLORIDA</b>		4. FEI Number <b>51-0561967</b>	
Zip <b>34986</b>	Country <b>U.S.A.</b>	Zip <b>34986</b>	Country <b>U.S.A.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CRAWFORD, D. WESLEY</b> <b>109 S. E FLORISTA</b> <b>PORT ST. LUCIE, FL 34983</b>				7. Name and Address of New Registered Agent Name <b>PATEL BAKUL</b> Street Address (P.O. Box Number is Not Acceptable) <b>5903. N.W. FAVIAN AVE</b> City <b>PORT ST. LUCIE</b> <b>FL</b> Zip Code <b>34986</b>	
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  <b>3/6/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRAWFORD, D. WESLEY</b> <input checked="" type="checkbox"/> Delete <b>109 S. E FLORISTA</b> <b>PORT ST. LUCIE, FL 34983</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PATEL, BAKUL</b> <b>5903 NW FAVION AVE.</b> <b>PORT ST. LUCIE, FL 34986</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SECRETARY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PATEL PARESH</b> <b>5833. N.W. SOUTH CULLUM CIRCLE</b> <b>PORT ST. LUCIE, FLORIDA - 34986</b>	
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	
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 any other like empowered.					
SIGNATURE: 			<b>3/6/06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		