


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000014695

1. Entity Name
PALM BEACH HOMEBUYERS, INC.



Principal Place of Business
**528 N FLORIDA AVE
 DELAND, FL 32720**

Mailing Address
**528 N FLORIDA AVE
 DELAND, FL 32720**

DO NOT WRITE IN THIS SPACE



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0740595

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**BUROZSKI, ROBERT P
 528 N. FLORIDA AVE
 DELAND, FL 32720**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUROZSKI, ROBERT P
STREET ADDRESS	528 N FLORIDA AVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	VPTD
NAME	OLSON, LINDA
STREET ADDRESS	528 N FLORIDA AVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	SD
NAME	BUROZSKI, ROBERT P
STREET ADDRESS	528 N FLORIDA AVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000503268
 04/26/06-80022-003 150.00

DO NOT WRITE IN THIS SPACE

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 its 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.

SIGNATURE: Robert P. Burozski **Robert P. Burozski** 4/10/2006 380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #