


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 8:00 am
Secretary of State


01-27-2006 90021 040 ***150.00

DOCUMENT # P98000101630	
1. Entity Name STEVE FIELDS COMPANIES, INC.	

Principal Place of Business 203 PEREGRINE DR. INDIALANTIC, FL 32903	Mailing Address 553 27TH AVE S VERO BEACH, FL 32968
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2. Principal Place of Business 203 PEREGRINE DR.	3. Mailing Address 2400 15TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State INDIALANTIC, FL	City & State VERO BEACH, FL
Zip 32903	Country USA
Zip 32960	Country USA



01242006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent FIELDS, STEVE 203 PEREGRINE DR. INDIALANTIC, FL 32903		7. Name and Address of New Registered Agent Name FIELDS, STEVE	
		Street Address (P.O. Box Number is Not Acceptable) 203 PEREGRINE DR.	
		City INDIALANTIC	Zip Code FL 32903

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 *Patricia Cunningham* January 24, 2006
Signature typed or printed name of registered agent, use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, STEVE 203 PEREGRINE DR. INDIALANTIC, FL 32903 <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	VP CUNNINGHAM, PATRICIA J 203 PEREGRINE DR INDIALANTIC, FL 32903 <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 like empowered.

SIGNATURE: *Patricia Cunningham* January 24, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone