

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000103660

FILED  
Feb 16, 2006  
Secretary of State

Entity Name: MONEY BEE MORTGAGE, INC.

## Current Principal Place of Business:

2100 CONSTITUTION BLVD.  
SUITE 149  
SARASOTA, FL 34231

## New Principal Place of Business:

## Current Mailing Address:

2100 CONSTITUTION BLVD.  
SUITE # 149  
SARASOTA, FL 34231

## New Mailing Address:

FEI Number: 65-0882385      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HONEYCOMB ENTERPRISES, INC.  
2100 CONSTITUTION BLVD  
SUITE # 149  
SARASOTA, FL 34231 US

## Name and Address of New Registered Agent:

POSEY, PATRICIA PRES.  
2100 CONSTITUTION BLVD  
SUITE # 149  
SARASOTA, FL 34231 US

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.

SIGNATURE: PATRICIA POSEY

02/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: POSEY, PATRICIA  
Address: 3819 COUNTRYSIDE LANE  
City-St-Zip: SARASOTA, FL 34233

Title: VP ( ) Delete  
Name: POSEY, PATRICIA  
Address: 3819 COUNTRYSIDE LANE  
City-St-Zip: SARASOTA, FL 34233

Title: SEC ( ) Delete  
Name: POSEY, PATRICIA  
Address: 3819 COUNTRYSIDE LANE  
City-St-Zip: SARASOTA, FL 34233

Title: TREA ( ) Delete  
Name: POSEY, PATRICIA  
Address: 3819 COUNTRYSIDE LANE  
City-St-Zip: SARASOTA, FL 34233

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA POSEY

PRES

02/16/2006

Electronic Signature of Signing Officer or Director

Date