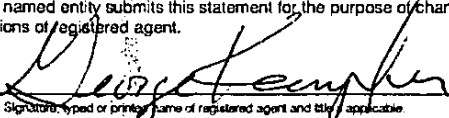
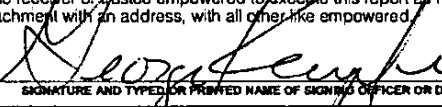


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90004 006 ****61.25

DOCUMENT # 790482 1. Entity Name FLORIDA BRAHMAN ASSOCIATION, INC.					
Principal Place of Business 800 SHAKERAG RD KISSIMMEE, FL 34744 US			Mailing Address C/O MARCUS D. SHACKELFORD POST OFFICE BOX 935 WAUCHULA, FL 33873 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6254 Kempfer Rd Suite, Apt. #, etc.			
City & State City & State St. Cloud, FL		4. FEI Number 59-6151508		Applied For ☐ Not Applicable	
Zip 34773	Country US	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		02062006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent SHACKELFORD, MARCUS 840 WINGATE ROAD WAUCHULA, FL 33873			7. Name and Address of New Registered Agent Name George Kempfer Street Address (P.O. Box Number is Not Acceptable) 6499 Sapling Lane City Melbourne FL Zip Code 32904		
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  Signature, typed or printed name of registered agent and title, if applicable.				DATE 2-20-06 (NOTE: Registered Agent signature required when reappointing)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHACKELFORD, MARCUS POST OFFICE BOX 935 WAUCHULA, FL 338730935	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kempfer, George 6499 Sapling Lane Melbourne, FL 32904	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORRIS, KEVIN 4315 OAK THICKET LANE ZOLFO SPRINGS, FL 33890	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTHE, LARRY 17231 BELLAMY BROS BLVD DADE CITY, FL 33523	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barthle, Randy 26345 Bayhead Rd Dade City, FL 33523	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARTIN, JANET 2730 NEPTUNE ROAD KISSIMMEE, FL 34744	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Kempfer, Becky 6499 Sapling Lane Melbourne, FL 32904	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMEN, JIMMY 3650 N. CANOE CREEK ROAD KANANSVILLE, FL 34744	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Newcomb, Clay 3349 CR 545A Bushnell, FL 33513	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTIN, MIKE 2730 NEPTUNE ROAD KISSIMMEE, FL 34744	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Partin, Dave 5601 N. Canoe Creek Rd Kenansville, FL 34739	☒ Change ☐ 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 617, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 2-20-06 DAYTIME PHONE # 407-892-1169	