2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 01-29-2007 90067 028 ***150.00 DOCUMENT # P01000046359 A. BRENT INC. 400000 Principal Place of Business Mailing Address 1025 SW MAJORCA AVE 1025 SW MAJORCA AVE PORT ST LUCIE, FL 34953 PORT ST LUCIE, FL 34953 CR2E034 (11/05) 01242007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1125779 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WELDON, ARTHUR B DO NOT WRITE 1025 SW MAJORCA AVE PORT ST LUCIE, FL 34953 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, typed or printéd name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. D TITLE WELDON, ARTHUR B NAME 1025 SW MAJORCA AVE STREET ADORESS CITY-ST-ZIP PORT ST LUCIE, FL 34953 TITLE WELDON, ELIZABETH D NAME STREET ADDRESS 1025 SW MAJORCA AVE CITY-ST-ZIP PORT ST LUCIE, FL 34953 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS

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.

CITY-ST-ZIP

arthur B. Weldon SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-27-07

772-336-4059

Daytime Phone #

FILED Jan 29, 2007 8:00 am