


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90285 039 ***150.00

DOCUMENT # P05000023805

1. Entity Name
BRITTANY PARK SOUTH OF TARPON SPRINGS, INC.



Principal Place of Business Mailing Address

~~55 DODECANESE BOULEVARD~~ ~~55 DODECANESE BOULEVARD~~
 TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689

2. Principal Place of Business 3. Mailing Address

819 S. Pinellas Ave **P.O. Box 1541**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

Tarpon Springs, FL **Tarpon Springs, FL**

Zip Country Zip Country

34689 **34688** **FL** **34688** **FL** **34688** **FL** **34688**

60025512



03072006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

25-1910470 Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLAS, ANTHONY N
~~55 DODECANESE BOULEVARD~~ **819 S. Pinellas Ave**
 TARPON SPRINGS, FL 34689

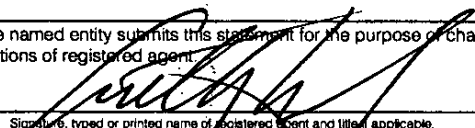
7. Name/and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: _____

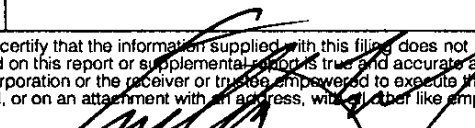
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NICHOLAS, ANTHONY N 55 DODECANESE BOULEVARD ✓ TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 819 S. Pinellas Ave |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD NICHOLAS, JAMES A 3498 SHORELINE CIRCLE PALM HARBOR, FL 34684 <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 or without other like empowered.

SIGNATURE:  Date: **4-7-06** Phone: **727-934-7478**

Anthony Nicholas Jr