2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 27, 2006 08:00 AN Secretary of State **DOCUMENT # P93000024183** 1. Entity Name ERIC C. BRYSON, INC. Principal Place of Business Mailing Address 310 OCEAN FOREST DR. N 310 OCEAN FOREST DR. N ATLANTIC BEACH, FL 32233 ATLANTIC BEACH, FL 32233 US 04172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3178379 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRYSON, ERIC C DO NOT WRITE 310 OCEAN FOREST DR. N ATLANTIC BEACH, FL 32233 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** Signature, typed or printed 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 After May 1, 2006 Fee will be \$550.00 U000000541126 Trust Fund Contribution. П Added to Fees ′10/06-80046-010 150.00 OFFICERS AND DIRECTORS 10. TITLE BRYSON, ERIC C NAME STREET ADDRESS 310 OCEAN FOREST DRIVE, N ATLANTIC BEACH, FL CITY-ST-ZIP ST TITLE BRYSON, MARY E K NAME STREET ADDRESS 310 OCEAN FOREST DRIVE, N CITY-ST-ZIP ATLANTIC BEACH, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED