2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P96000101728

1. Entity Name BRYTAM, INC.



Principal Place of Business

13615 BRUCE B. DOWNS BLVD.

SUITE 112

TAMPA, FL 33613

Mailing Address

13615 BRUCE B. DOWNS BLVD.

SUITE 112

TAMPA, FL 33613



FILED

Mar 23, 2006 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE

02062006	No Chg-P	CR2E034 (11/05)
4 FELNumber		Applied For

59-3445913

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, BERNARD 13615 BRUCE B DOWNS BLVD

DO NOT WRITE

SUITE 112 TAMPA, FL 33613			IN THIS SPACE		
	e named entity submits this statement for the pitions of registered agent.	urpose of changing its registered office o	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTS, Registered Agent signa	ure required when reinstalling)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	060000478189 04/07/06-80021-003 158.75	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT P GOLDSTEIN, BERNARD 13615 BRUCE B DOWNS #112 TAMPA, FL 33613	TORS			
TITLE MAME STREET ADDRESS CHY-S1-ZP TITLE NAME	IN			NOT WRITE THIS SPACE	
STREET ADDRESS CITY-ST-EIP					

12. (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 507, 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:

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

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR