
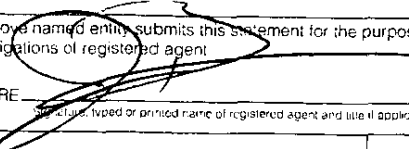
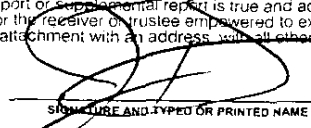


FILED
Aug 30, 2007 8:00 am
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

08-30-2007 90001 025 ***150.00

| | | | |
|--|---------------------------------|---|--|
| DOCUMENT # P03000155814 | |  | |
| 1. Entity Name JASON BRAWNER, INC. | | | |
| Principal Place of Business 11242 ROUSE RUN CIRCLE ORLANDO, FL 32817 | | Mailing Address 11242 ROUSE RUN CIRCLE ORLANDO, FL 32817 | |
| 2. Principal Place of Business - No P.O. Box # 126 Pinehurst Circle Suite, Apt. #, etc. | | 3. Mailing Address 126 Pinehurst Circle Suite, Apt. #, etc. | |
| City & State Naples, FL | | City & State Naples, FL | |
| Zip 34113 | Country USA | Zip 34113 | Country USA |
| 6. Name and Address of Current Registered Agent BRAWNER, JASON L 11242 ROUSE RUN CIRCLE ORLANDO, FL 32817 | | 7. Name and Address of New Registered Agent Name: Jason Brawner Street Address (P.O. Box Number is Not Acceptable): 126 Pinehurst Circle City: Naples FL Zip Code: 34113 | |
| 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: 8/27/07 | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE: P NAME: BRAWNER, JASON L STREET ADDRESS: 11242 ROUSE RUN CIRCLE CITY ST-ZIP: ORLANDO, FL 32817 | <input type="checkbox"/> Delete | TITLE: P NAME: Brawner, Jason L STREET ADDRESS: 126 Pinehurst Circle CITY ST-ZIP: Naples, FL 34113 | <input checked="" 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 |
| 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 all other like empowered. | | | |
| SIGNATURE:  | | DATE: 8/27/07 863-528-5909 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE DAY-MO-YEAR | |

40130705



05132007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0502611 Applied For Not Applicable

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

8/27/07

8/27/07 863-528-5909