2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 456688

Entity Name: INSURANCE BY KEN BROWN, INC.

FILED Apr 17, 2007 Secretary of State

Current Principal Place of Business:			•	New Principal Place of Business:	
1339 ARLINGTON ST. ORLANDO, FL 32805				707 PENNSYLVANIA AVE	
			1300 ALTAMONTE SPRING	ALTAMONTE SPRINGS, FL 327016414	
Current N	/lailing Addres	·e·	New Mailing Addres	,	
Current N	naming Addres	·3.	New Mailing Addres	5.	
PO BOX 5 ORLAND	540569 O, FL 32854056	69	PO BOX 948117 MAITLAND, FL 32794	48117	
FEI Number	r: 59-1547942	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
	KENNETH M.				
410 GENI	US DR PARK, FL 3278	39 US			
VVIIVI LIVI	1 AKK, 1 L 3270	,,,			
SIGNATU					
	Electron	nic Signature of Registered A	Agent	Date	
Election Ca		nic Signature of Registered A g Trust Fund Contribution ().	agent	Date	
		g Trust Fund Contribution ().		Date ES TO OFFICERS AND DIRECTO	
OFFICER	mpaign Financing	g Trust Fund Contribution ().			
OFFICER Title: Name:	mpaign Financing S AND DIREC PD () BROWN, KENN	g Trust Fund Contribution (). TORS: Delete JETH M,	ADDITIONS/CHANG Title: Name:	ES TO OFFICERS AND DIRECTO	
OFFICER Title: Name: Address:	mpaign Financing S AND DIREC PD () BROWN, KENN 410 GENIUS DE	TORS: Delete JETH M, R	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTO	
OFFICER Title: Name: Address: City-St-Zip:	S AND DIRECT PD () BROWN, KENN 410 GENIUS DE	TORS: Delete JETH M, R , FL 32789	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTO () Change () Addition	
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I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KENNETH M BROWN P 04/17/2007

1581 MAYFIELD AVENUE

WINTER PARK, FL 32789

Address:

City-St-Zip: