

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 21, 2008
Secretary of State**

DOCUMENT# 580431

Entity Name: BROWNING BROS. PALMS, INC.

Current Principal Place of Business:

213 MADISON AVENUE
IMMOKALEE, FL 34143 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 276
IMMOKALEE, FL 34143 US

New Mailing Address:

FEI Number: 59-1838280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWNING, DAN L.
1709 ROOSEVELT
LEHIGH ACRES, FL 33970 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWNING, DAN L.
Address: 1709 ROOSEVELT
City-St-Zip: LEHIGH ACRES, FL 33970 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: BROWNING, DORA
Address: 1709 ROOSEVELT
City-St-Zip: LEHIGH ACRES, FL 33970 US

Title: SECR () Change (X) Addition
Name: RUMMELL, SHANNON
Address: 213 MADISON AVE
City-St-Zip: IMMOKALEE, FL 33142 US

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DAN L BROWNING

PD

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date