
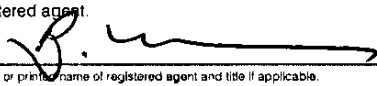
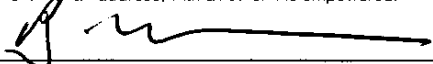


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90186 031 \*\*\*150.00

|  |   |   |  |
|--|---|---|--|
| DOCUMENT # 660512  |   |    |  |
| 1. Entity Name<br>WHITE & BROWN, PROFESSIONAL ASSOCIATION  |   |   |  |
| Principal Place of Business<br>9000 SW 152 ST<br>STE 102<br>MIAMI, FL 33157 US   |   | Mailing Address<br>9000 SW 152 ST<br>STE 102<br>MIAMI, FL 33157 US  |  |
| 2. Principal Place of Business<br>7450 SW 131 Street<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>PO Box 560945<br>Suite, Apt. #, etc.  |  |
| City & State<br>Miami, Florida 33156   |   | City & State<br>Miami, Florida 33256-0945   |  |
| Zip<br>33156   | Country<br>USA  | Zip<br>33256-0945   | Country<br>USA   |
| 6. Name and Address of Current Registered Agent<br>BROWN, B MACKAY<br>9000 SW 152 ST<br>STE 102<br>MIAMI, FL 33157   |   | 7. Name and Address of New Registered Agent<br>Name<br>B. Mackay Brown (same)<br>Street Address (P.O. Box Number is Not Acceptable)<br>7450 SW 131 Street<br>City<br>Miami FL Zip Code<br>33156 |  |
| 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.<br>SIGNATURE:  B. MACKAY BROWN 11/01/06<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BROWN, B. MACKAY<br>9000 SW 152 ST, #102<br>MIAMI, FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>7450 SW 131 Street<br>Miami, Florida 33156 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:  B. MACKAY BROWN   |   | Date<br>11/01/06  | Daytime Phone #<br>305-259-8200  |

