


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 809970 1. Entity Name BROWN CITRUS SYSTEMS, INC.						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">04 SEP 30 PM 12:13</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 633 NORTH BARRANCA AVENUE P.O. BOX 1170 COVINA, CA 91723				Mailing Address 633 NORTH BARRANCA AVENUE P.O. BOX 1170 COVINA, CA 91723			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Country		Zip		Country		4. FEI Number 95-1577533	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NELSON, W H 333 AVENUE M N W WINTER HAVEN, FL 33880				7. Name and Address of New Registered Agent Name DEVITO, J. PETER Street Address (P.O. Box Number is Not Acceptable) 333 AVENUE M N W City WINTER HAVEN FL Zip Code 33880			
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 <u>J. Peter Devito V.P.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>8-20-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				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 NAME STREET ADDRESS CITY-ST-ZIP	AST W H NELSON 333 AVENUE "M" NW WINTER HAVEN, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V J. PETER DEVITO 333 AVENUE "M" NW WINTER HAVEN, FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LUND, V D 633 NORTH BARRANCA AVE COVINA, CA 00000,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYCE E. ADOLPH 633 N BARRANCA AVE COVINA, CA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT ALEXANDER 633 N BARRANCA AVE COVINA, CA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT ALEXANDER 633 N BARRANCA AVE COVINA, CA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, R B 633 NORTH BARRANCA AVE COVINA, CA 00000,	<input checked="" type="checkbox"/> Delete	400041639824 10/06/04--01030--014 **\$61.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Wayle D. Lund
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9-14-04

Daytime Phone # 626-966-8361