2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05027

Entity Name: LOU BROWN REALTY, INC.

ROUSON, DARRYL

ST PETERSBURG, FL

2912 PONCE DE LEON WAY S

Name:

Address:

City-St-Zip:

FILED Aug 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2900-18 AVENUE SOUTH ST PETERSBURG, FL 33712 **Current Mailing Address: New Mailing Address:** 2900-18 AVENUE SOUTH ST PETERSBURG, FL 33712 FEI Number: 59-2065400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROWN, LENA M 2927 16TH AVENUE SOUTH US ST PETERSBURG, FL 33712 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BROWN, LOUIS D., JR Name: Name: 3767 30TH AVE SO Address: Address: City-St-Zip: ST PETERSBURG, FL City-St-Zip: Title: VD Title: () Delete () Change () Addition RUSSELL, ARTHUR Name: Name: 2219 24TH AVE SOUTH Address: Address: City-St-Zip: ST PETERSBURG, FL City-St-Zip: () Delete Title: Title: () Change () Addition BROWN, LOUIS D., JR Name: Name: 3767 30TH AVE SOUTH Address: Address: City-St-Zip: ST PETERSBURG, FL City-St-Zip: Title: SD () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LOUIS D. BROWN, JR. PRES 08/31/2009