2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2008 8:00 am Secretary of State

DOCUMENT # F0700000120 1. Entity Name TODD BROWN, INC.						03-26-200	8 90026 (012 ***1	50.00
Principal Place of Business Mailing Address									
	7859 SPRINGVALE DR. P. O. BOX 540574 LAKE WORTH, FL 33467 LAKE WORTH, FL 33454								
LAKE WORTH, FL 33454							5000	פמלו	••
		11							
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7551. Lake (Worth Rb 7859 Soring)				ale De		J e i i i i i i i i i i i i i i i i i i i			
Suite, Apt. #, etc. Suite, Apt. #, etc.				wie Dr.		0. 5			
SUITE 105					03212008	Chg-P	CR2E03	4 (12/06)	
Lake Worth FL Lake worth,			h .	FL	4. FEI Numb				plied For ot Applicable
Zip	Country	Zip /	Count	ήνς Δ	_			8.75 Add	
3346	7 I USH	33467	U	12 N	5. Certificate	of Status Desired		ee Require	
	6. Name and Address of Current F	Registered Agent		Name	7. Name and	Address of New R	egistered A	gent	
BROWN, 1	TODD								
7859 SPRINGVALE DR. LAKE WORTH, FL 33467				Street Address (P.O. Box Number is Not Acceptable)					
LAKE WO	KIN, FL 33407		1						
				City			FL	Zip Cod	е
.8. The above	named entity submits this statement for	the purpose of changing its	recistere	od office or register	red agent or bo	oth in the State of Flo		miliar uáth	and accept
the obligat	tions of registered agent.	the purpose of changing its	109/3/016	d office of register	red agent, or be	JULIA, IN UNO STATE OF FIC	iliua. Talii la	sriinai witii,	and accept
SIGNATURE									
SIGNATORES	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Regratered	d Agent signature required	d when reinstating)		DATE		
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND (11.		ADDITIONS	CHANGES TO OFF	•		S IN 11
TITLE NAME	PSCT BROWN, TODD	☐ Delete	TITLE			•		Change	☐ Addition
STREET ADDRESS	F			ET ADDRESS					
CtTY-ST-ZIP	LAKE WORTH, FL 33467		CITY-	ST-ZIP					
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CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
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CITY-ST-ZIP				ST-ZIP				•	
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that m	r the exe ny signati	mptions contained ure shall have the	d in Chapter 11: same legal effe	9, Florida Statutes. 1 ct as if made under c	further certif ath; that I ar	y that the ir n an officer	formation or director
of the cor changed,	on this report or supplemental report is poration or the received or trustee emporation an address with a decident and address with a decident	weren to execute this report a with all other like empowered.	as requir	ed by Chapter 601	7, Florida Statut	es; and that my name	appears in	Block 10 of	Block 11 if
SIGNATURE: 1000 1/08 561-964-2815									
SIGNATURE: 1000 11 1 1000 11 1000 11 1000 11 1000 11 1000 11 1000 11 1000 10									