


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000006152 1. Entity Name PENNIMAN & BROWNE, INC.	
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Principal Place of Business 6252 FALLS ROAD BALTIMORE, MD 21209	Mailing Address 6252 FALLS ROAD BALTIMORE, MD 21209
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DO NOT WRITE IN THIS SPACE

FILED
Sep 05, 2008 08:00 AM
Secretary of State



07032008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-0566417	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PENNIMAN, LINDA 611 PORTSIDE NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BARKER, GEORGE 10313 WILDE LAKE TERR COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PENNIMAN, REBECCA 6252 FALLS ROAD BALTIMORE, MD 21209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WITTENBERG, LOUIS 6252 FALLS ROAD BALTIMORE, MD 21209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMON, TOM 6252 FALLS ROAD BALTIMORE, MD 21209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHROYER, BARB 6252 FALLS ROAD BALTIMORE, MD 21209

<p>U00000953085 09/05/08-80001-015 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: *Rebecca H. Penniman* *July 3, 2008* *410-825-4131*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #