

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 08, 2006  
Secretary of State**

DOCUMENT# F42482

Entity Name: BREY & CO., C.P.A.'S, P.A.

**Current Principal Place of Business:**

**New Principal Place of Business:**

% GAYLA B RUSSELL  
35 DAVIS BLVD.  
TAMPA, FL 33606

**Current Mailing Address:**

**New Mailing Address:**

% GAYLA B RUSSELL  
35 DAVIS BLVD.  
TAMPA, FL 33606

FEI Number: 59-2117839      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:**

RUSSELL, GAYLA B  
35 DAVIS BLVD.  
TAMPA, FL 33606      US

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: RUSSELL, GAYLA B  
Address: 35 DAVIS BLVD.  
City-St-Zip: TAMPA, FL 336063427

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC ( ) Delete  
Name: RUSSELL, GAYLA B  
Address: 35 DAVIS BLVD  
City-St-Zip: TAMPA, FL 336063427

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR ( ) Delete  
Name: RUSSELL, GAYLA B  
Address: 35 DAVIS BLVD  
City-St-Zip: TAMPA, FL 336063427

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TREA ( ) Delete  
Name: MARTIN, AMY LEIGH  
Address: 35 DAVIS BLVD  
City-St-Zip: TMAPA, FL 336063427

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR ( ) Delete  
Name: MARTIN, AMY LEIGH  
Address: 35 DAVIS BLVD  
City-St-Zip: TAMPA, FL 336063427

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Delete  
Name: MARTIN, AMY LEIGH  
Address: 35 DAVIS BLVD  
City-St-Zip: TAMPA, FL 336063427

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: GAYLA B. RUSSELL

PRES

01/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date