

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90091 006 ***150.00

DOCUMENT # F59404 1. Entity Name BROSON ENTERPRISES, INC.					
Principal Place of Business 9310 LOCHFLORA DRIVE SPRING, TX 77379			Mailing Address 9310 LOCHFLORA DRIVE SPRING, TX 77379		
2. Principal Place of Business		3. Mailing Address 320 S.W. Egret Landing			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Port St Lucie			
City & State		City & State Florida		4. FEI Number 59-2154045	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
34953		St. Lucie		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, BARBARA D. 1122 NW 2ND STREET DELRAY BEACH, FL 33444				7. Name and Address of New Registered Agent Name Brown, Barbara D. Street Address (P.O. Box Number is Not Acceptable) 320 S.W. Egret Landing Port St Lucie City FL Zip Code 34953	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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	DT BROWN, BARBARA D 11640 DOVE HOLLOW AVE. BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. Brown, Barbara D. 320 S.W. Egret Landing Port St. Lucie, FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROWN, BARBARA D 1122 NW 2ND STREET DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VICK, VALERIA C 16006 ASHVALE DR TOMBALL, TX 77377	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BROWN, KIM J 2469 MALLORY HILLS RD JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Barbara D Brown</i>			3/10/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
(772) 621 3653 (281) 257 9078			Daytime Phone #		