


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F95000004490</b>		
1. Entity Name <b>NAVARRE SQUARE, INC.</b>		

Principal Place of Business <b>4142 CARMICHAEL COURT MONTGOMERY, AL 36106 US</b>	Mailing Address <b>PO BOX 230758 MONTGOMERY, AL 36123-0758 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent  <b>CFRA, LLC 4221 W. Boy Scout Blvd., 10th Floor Tampa, FL 33607-5736</b>	
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7. Name and Address of New Registered Agent  <b>CT Corporation Systems Street Address (P.O. Box Number is Not Acceptable) 1200 Pine Island Road City Plantation, FL Zip Code 33324</b>	
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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.  <b>JOAN EORDEN</b> <b>ASSISTANT SECRETARY</b> SIGNATURE: <i>Joan Eorden</i> DATE: <b>Apr. 125, 2005</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BROWN, RONALD C 4142 CARMICHAEL COURT MONTGOMERY, AL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300053934233</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>05/06/05--01008--025 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OWENS, GEORGE H 4142 CARMICHAEL COURT MONTGOMERY, AL <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	DST SMITH, WILBURN A JR. 4142 CARMICHAEL COURT MONTGOMERY, AL <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
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 exemption stated in Section 119.07(3)(i), 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>Ronald C Brown</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <b>4/20/05</b> Daytime Phone #: <b>334/271-1135</b>

**FILED**  
**05 APR 25 PM 1:57**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



04192005 Chg-P CR2E034 (10/03)

4. FEI Number <b>63-1071979</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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