2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # G33190

1. Entity Name

BROWNE CREATIVE ENTERPRISES, INC.



FILED Jan 23, 2006 08:00 AN **Secretary of State**

Principal Place of Business 531 REID STREET SARASOTA, FL 34237

Mailing Address

POST OFFICE BOX 5549

SARASOTA, FL 34277-5549 US



DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-0903275

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

<u> </u>	6. Haine and Address of Current rices	teled Adelit				
GEORGE, EUGENE O ESQ. 2750 RINGLING BLVD. SUITE 3 SARASOTA, FL 34237			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						
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWNE, ROBERT D 28 INDIAN HILL ROAD WILTON, CT 06897				U00000399247 02/01/06-80002-009 150.1	
NAME STREET ADDRESS CITY-ST-ZIP	VPT BROWNE, CHRISTOPHER K 531 REID ST SARASOTA, FL 34242					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWNE, SALLY 8704 WOODBRIAR DRIVE SARASOTA, FL 34238			DO	NOT WRITE	
TITLE NAME STREET ADDRESS		,		IN .	THIS SPACE	

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Christophy K. Browne CHRISTOPHER K. BROWNE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2568

Daytime Phone #