


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H96091 1. Entity Name BRIAN'S PATIO FURNITURE CO.	
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FILED


05 JUL -6 PM 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4850 SE FEDERAL HIGHWAY STUART, FL 34997	Mailing Address 4850 SE FEDERAL HIGHWAY STUART, FL 34997
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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	4. FEI Number 59-2459110	Applied For Not Applicable
Zip	Country	Zip	Country



06272005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SCOTT, W. R. 1045 E OCEAN BLVD 5 STUART, FL 33497		7. Name and Address of New Registered Agent Name Brian Noel Street Address (P.O. Box Number is Not Acceptable) 4850 SE Federal Hwy City STUART FL Zip Code 34997	
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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.

SIGNATURE: Brian Noel, President DATE: 6-27-05

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DT ROGERS, DEWEY D.	<input type="checkbox"/> Delete		TITLE	S Melanie Sue Fuller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	601 KARRIGAN TERRACE			STREET ADDRESS	3475 SW Cornell Ave		
CITY-ST-ZIP	PORT ST LUCIE, FL			CITY-ST-ZIP	Palm City FL 34990		
TITLE	DP NOEL, BRIAN F.	<input type="checkbox"/> Delete		TITLE	100057476041	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4683 CHEERIO LANE			STREET ADDRESS	07/14/05--01057--001	**70.00	
CITY-ST-ZIP	STUART, FL			CITY-ST-ZIP			
TITLE	DS CHREITZBERG, MELISSA K	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3841 SE DIXIE ROSS ST.			STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34997			CITY-ST-ZIP			
TITLE	V SNYDER, DOUGLAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	507 SE SUNNYBROOK TERRACE			STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983			CITY-ST-ZIP			
TITLE	V WHITTEMORE, PETER	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6310 SE LAKE CIRCLE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	STUART, FL			CITY-ST-ZIP			
TITLE	V PASCUAL, MIGUEL	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	224 SE ST. LUCIE BLVD. APY. 208			STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34996			CITY-ST-ZIP			

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: Brian Noel DATE: 6-27-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #