2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2006 8:00 am Secretary of State

DOCU 1. Entity Nam BROWNE	ne	# J68654 ON, P.A.						03-27-2006 9	90263 02:	9 ***150	0.00
Principal Place of Business % BROWNE PEARSON 1246 SE 12TH WAY FT. LAUDERDALE, FL 33316			9 1	Mailing Address % BROWNE PEARSON 1246 SE 12TH WAY FT. LAUDERDALE, FL 33316		Î,		1184 18118 81181 G1111 6 18	4 8 (9): 8 1811 8171		11/ 28 1 31 1 28 1
2. Principal Place of Business			3.	3. Mailing Address							
Suite. Apt. #, etc.				Suite, Apt. #, etc.			03192006	Chg-P	CR2E03	4 (11/05)	
City & State				City & State			4. FEI Number 59-2845	711			oplied For ot Applicable
Zip	Zip Country			Žip	Country		5. Certificate of	Status Desired		8.75 Add ee Require	
Name and Address of Current Registered Agent					N	7. Name and A	ddress of New R	egistered A	gent		
PEARSON	N, BROWN	E				Name					
1246 SE 12TH WAY FT. LAUDERDALE, FL 33316					Street Address (P.O. Box Number	is Not Acceptable	e)			
										·	
						City			FL	Zip Cod	e
8. The above the obligat	e named entity tions of registe	y submits this stateme ered agent.	nt for the p	ourpose of changing its	register	ed office or register	red agent, or both,	in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered a	agent and bille	if applicable. (NOT	E Registere	d Agent signature required	1 when reinstating)		DATE		
				,							
		FEE IS \$150.00 5 Fee will be \$5		9. Election Campa Trust Fund Cont			.00 May Be led to Fees				
After Ma	ay 1, 2006		50.00	Trust Fund Cont	ribution.	Add	ed to Fees	HANGES TO OFF			
After Ma	ay 1, 2006 DPST	5 Fee will be \$5	50.00	Trust Fund Cont	11.	Add	ed to Fees	HANGES TO OFF		DIRECTOR: ☐ Change	S IN 11
After Ma	ay 1, 2006 DPST	OFFICERS A	50.00	Trust Fund Cont	11.	Add	ed to Fees	HANGES TO OFF			
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12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Horida Statutes. 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING DEFICER OF DIRECTOR

3/23/06 454-760 Z