

**2007. FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

| | |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # J68654 1. Entity Name BROWNE PEARSON, P.A. |  |
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|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Principal Place of Business % BROWNE PEARSON 1246 SE 12TH WAY FT. LAUDERDALE, FL 33316 | Mailing Address % BROWNE PEARSON 1246 SE 12TH WAY FT. LAUDERDALE, FL 33316 |
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2845711 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

**PEARSON, BROWNE
1246 SE 12TH WAY
FT. LAUDERDALE, FL 33316**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|-------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST PEARSON, BROWNE 1246 SE 12TH WAY FT. LAUDERDALE, FL 33316 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000597835
01/24/07-80052-009 150.00

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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: Browne Pearson 1-18-07 954-766-6070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #