


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90088 037 \*\*\*150.00

<b>DOCUMENT # K52637</b>	
1. Entity Name <b>TED BROWN ENTERPRISES, INC.</b>	

Principal Place of Business <b>C/O DAVID ALAN BROWN NORTHAMPTON F-121 WEST PALM BEACH, FL 33417</b>	Mailing Address <b>C/O DAVID ALAN BROWN NORTHAMPTON F-121 WEST PALM BEACH, FL 33417</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01122007 Chg-P	CR2E034 (12/06)
4. FEI Number <b>65-0086994</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

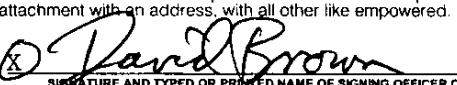
6. Name and Address of Current Registered Agent <b>BROWN, DAVID ALAN NORTHAMPTON F-121 WEST PALM BEACH, FL 33417</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, DAVID ALAN</b>	NAME	
STREET ADDRESS	<b>NORTHAMPTON F-121</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BEACH, FL 33417</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, THEODORE</b>	NAME	
STREET ADDRESS	<b>ANDOVER G-180</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BEACH, FL 33417</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  <b>David Brown, PR</b>	Date: <b>1/17/2007</b> 561-683-9360 Daytime Phone #