
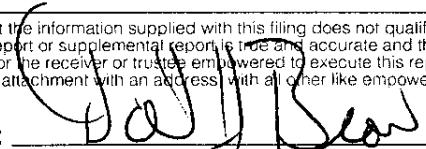


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90193 015 ***150.00

DOCUMENT # K91610 1. Entity Name BROW MARKETING, INC.					
Principal Place of Business 915 HIBISCUS LANE DELRAY BEACH, FL 33444			Mailing Address 915 HIBISCUS LANE DELRAY BEACH, FL 33444		
2. Principal Place of Business 2020 NW 3rd AVE		3. Mailing Address 2020 NW 3rd AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DELRAY BEACH FL		City & State DELRAY BEACH FL		4. FEI Number 65-0122100	
Zip 33444		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROW, DAVID J. 915 HIBISCUS LANE DELRAY BEACH, FL 33444			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2020 NW 3rd AVE City DELRAY BEACH FL Zip Code 33444		
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 resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROW, DAVID J. 915 HIBISCUS LANE DELRAY BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2020 NW 3rd AVE DELRAY BEACH FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2020 NW 3rd AVE DELRAY BEACH FL 33444	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2020 NW 3rd AVE DELRAY BEACH FL 33444	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	2020 NW 3rd AVE DELRAY BEACH FL 33444	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2020 NW 3rd AVE DELRAY BEACH FL 33444	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		DAVID J. BROW 4/23/04 561-272-2484			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	