. Entity Name		ANNUAL REPORT (AR) DOCUMENT # M21185			
	1. Entity Name BROWN ENGINEERING AND CONSTRUCTION COMPANY,			Apr 04, 2005 08:00 AN Secretary of State	
			'		
rincipal Place	of Business	Mailing Address		· .	
109 WEST PA LAKE WORTH	NLMETTO ROAD H FL 33467	109 WEST PALMETTO LAKE WORTH FL 3346		ן היו המתוומה היותר היותר היותרה היתרים היותר	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #,	, etc.	Suite, Apt #, etc.		1st MOORE CR2E034 (10/04)	
City & State		City & State		4. FEI Number 59-2593291 Applied Not Appl	
Zip	Country	Zip	Country	5. Certificate of Status Desired Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
	ERSON, MALCOLM		Name	· · · · · · · · · · · · · · · · · · ·	
324 DATURA STREET, SUITE #112 WEST PALM BEACH FL 33401			Street Address	(P.O. Box Number is Not Acceptable)	 ,
			City		<u> </u>
The above n	amod onthe submits this statement			PL Pred agent, or both, in the State of Florida. I am familiar with, and a	
-	ons of registered agent.				
SIGNATURE	ignature, typed or printed name of registered agen		Registered Agent signature require	d when re-installing) DATE	
After M	E NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 Payable to Florida Department of		·	9. Election Campaign Financing \$5.00 M Trust Fund Contribution. Added to F	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	1
	PCD	Delete	- नाग[र्ट्	Change 🛄 A	Addition
	BROWN, WILLIAM JR. 109 W. PALMETTO RD.		NAME STREET ADDRESS	//00000288759 04/05/05-80022-020 150.00	
	AKE WORTH FL		CITY-ST-ZIP		
	STD BROWN, PATRICIA B.	🗖 Delete	TITLE NAME	Change DA	Addition
	109 W. PALMETTO RD.		STREET ADDRESS		
ITY-ST-ZIP L	AKE WORTH FL		CITY-ST-ZIP		
1		Delete	TITLE NAME	🗋 Change 📋 A	Addition
	BROWN, KEVIN W. 109 W. PALMETTÓ RD	· - · - · · · · · · ·	STHELT ADDRESS	· · · · ·	
LITY-ST-2IP	AKE WORTH FL	······································	CITY-ST-ZIP		
11(L		Delete	TITLE	Change F	Addition
NAME			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
וונב		Delete	1.हे.	🗋 Change 📋 A	Additior
IAME			NAME STREET ADDRESS		
ITY ST-ZIP			CITY-ST-ZIP		
me		Delete	i Itāf	Change L	Addition
IAME			NAME		
NREET ADDRESS	<u> </u>		STREET ADDRESS CITY-ST-ZIP		
2 I hereby ce	ertify that the information supplied with on this report or supplemental report oration or the receiver of trustee emp	h this filing does not qualify for is true and accurate and that m powered to execute this report with all other life compared	the exemption stated in S	ection 1 19.07(3)(i), Florida Statutes. I further certify that the informat same legal effect as if made under oath, that I am an officer or dir 17, Florida Statutes; and that my name appears in Block 10 or Block	ation ector k 11 if
changed, c	or on an attac <u>hm</u> ent with an address, WILLIAM	with all other like empowered.			

- ---------_ _ _ ----