## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # M49488 BRENNER EQUITIES GROUP INC. Principal Place of Business Mailing Address **BRENNER REAL ESTATE GROUP BRENNER REAL ESTATE GROUP** 1500 W. CYPRESS CREEK RD., STE 409 1500 W. CYPRESS CREEK RD., STE 409 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 02242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2809628 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRENNER, SCOTT DO NOT WRITE 1500 W. CYPRESS CREEK RD., STE 409 FORT LAUDERDALE, FL 33309 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE BRENNER, SCOTT NAME STREET ADDRESS 1500 W. CYPRESS CREEK RD., STE 409 CITY-ST-ZIP FORT LAUDERDALE, FL 33309 000067606586 03/10/05-01/46-001 \*\*\*\* TITI F NAME STREET ADDRESS CITY-ST-ZIP ecap. TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TO ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR