FILED
Apr 27, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M61943

1. Entity Name
BRAND & KELTON BRAND PH. D., P.A.

Principal Place of Business	Mailing Address
2499 GLADES RD. #302 BOCA RATON, FL 33431	2499 GLADES RD. #302 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

04252006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0018306
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRAND, ARTHUR
2499 GLADES RD #302
BOCA RATON, FL 33431

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7. 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 _____ Date

U00000540296
05/10/06-80011-085 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BRAND, ARTHUR
STREET ADDRESS	2499 GLADES RD #302
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	BRAND, ANA KELTON
STREET ADDRESS	2499 GLADES RD #302
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ 4-25-06 561-368-1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #