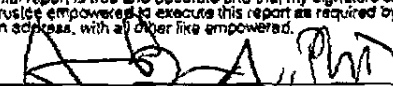


FILED
Apr 27, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # M61943		
1. Entity Name BRAND & KELTON BRAND PH. D., P.A.		
Principal Place of Business 2499 GLADES RD. #302 BOCA RATON, FL 33431		Mailing Address 2499 GLADES RD. #302 BOCA RATON, FL 33431
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent BRAND, ARTHUR 2499 GLADES RD #302 BOCA RATON, FL 33431		DO NOT WRITE IN THIS SPACE
6. 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 _____ (Signature, typed or printed name of registrant agent and also if applicable (NOTE: Registered Agent signature required when installing))		
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 NAME STREET ADDRESS CITY-ST-ZIP	DP BRAND, ARTHUR 2499 GLADES RD #302 BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAND, ANA KELTON 2499 GLADES RD #302 BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 507, 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



04252005 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
 U00000540296
 05/10/06-80011-085 50.00