

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008568

FILED  
Jan 16, 2007  
Secretary of State

Entity Name: OWNERS' COUNSEL OF AMERICA, INC.

## Current Principal Place of Business:

203 SW 13TH STREET  
MIAMI, FL 33130

## New Principal Place of Business:

2525 PONCE DE LEON BLVD  
SUITE 625  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

203 SW 13TH STREET  
MIAMI, FL 33130

## New Mailing Address:

2525 PONCE DE LEON BLVD  
SUITE 625  
CORAL GABLES, FL 33134 60

FEI Number: 65-1110158

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRIGHAM, TOBY PRINCE  
203 SW 13TH STREET  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

BRIGHAM, TOBY PRINCE  
2525 PONCE DE LEON BLVD  
SUITE 625  
CORAL GABLES, FL 33134 US

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.

SIGNATURE:

01/16/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BRIGHAM, TOBY PRINCE  
Address: 203 SW 13TH STREET  
City-St-Zip: MIAMI, FL 33130

Title: D ( ) Delete  
Name: MICHAEL, RIKON  
Address: 80 PINE STREET - 32ND FLOOR  
City-St-Zip: NEW YORK, NY 10005

Title: D ( ) Delete  
Name: WALDO, JOSEPH T  
Address: 301 WEST FREEMASON STREET  
City-St-Zip: NORFOLK, VZ 23510

Title: D ( ) Delete  
Name: JILL, GELINEAU  
Address: 1211 SW 5TH STREET 1600-1800  
City-St-Zip: PORTLAND, OR 97204

Title: D ( ) Delete  
Name: CUNNINGHAM, HEATHER A  
Address: 199 NORTH CAPITOL BLVD., SUITE 600  
City-St-Zip: BOISE, ID

Title: D ( ) Delete  
Name: JAMES, BURLING  
Address: 10360 OLD PLACERVILLE ROAD, STE 100  
City-St-Zip: SACRAMENTO, CA 95827

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BRIGHAM, TOBY PRINCE  
Address: 2525 PONCE DE LEON BLVD #625  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOBY PRINCE BRIGHAM

PD

01/16/2007

Electronic Signature of Signing Officer or Director

Date