2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # N05000003574 04-17-2006 90384 028 ****61.25 BRITÉ FUTURES I, INC. MADIDAL Principal Place of Business Mailing Address 4405 WHISPERING PINES LANE 4405 WHISPERING PINES LANE FORT PIERCE, FL 34982 US FORT PIERCE, FL 34982 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For 20-0199613 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAMPIER, RONALD L 4405 WHISPERING PINES LANE Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE, FL 34982 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agant signature required when reinstating) **\$5.00** May Be Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing Due by May 1, 2006 Trust Fund Contribution. \Box Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITL F Change ☐ Addition NAME DAMPIER, RONALD L NAME 4405 WHISPERING PINES LANE STREET ADDRESS STREET ADDRESS FORT PIERCE, FL 34982 CITY-ST-ZIP COY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition JONES, LISA NAME NAME STREET ADDRESS 651 SW BRYON STREET STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE, FL 34981 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAVIS, DONOVAN D NAME NAME STREET ADDRESS 140 S. WEST AVENUE STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-24P TITLE ☐ Delete TITLE ☐ Change Addition OHEARN, JAMES J NAME NAME STREET ADDRESS 2466 NE 17TH COURT STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all proposed to the empowered.

SIGNATURE: X