

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052262

FILED
Feb 06, 2007
Secretary of State

Entity Name: JULIAN BRYAN & ASSOCIATES, INC.

Current Principal Place of Business:

1700 NW ARCADIA WAY
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

PO BOX 810144
BOCA RATON, FL 334810144

New Mailing Address:

FEI Number: 65-0992786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYAN, JULIAN T IV
PO BOX 810144
BOCA RATON, FL 33481 US

Name and Address of New Registered Agent:

BRYAN, JULIAN T IV
765 CAMINO GARDENS LN
BOCA RATON, FL 33432 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: JULIAN BRYAN IV

02/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRYAN, JULIAN T III
Address: 300 NE 25TH ST.
City-St-Zip: BOCA RATON, FL 33431

Title: VD () Delete
Name: BRYAN, JULIAN T IV
Address: 767 SW 7TH ST.
City-St-Zip: BOCA RATON, FL 33486

Title: S () Delete
Name: PASCALE, BRYAN
Address: 767 7TH ST.
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BRYAN, JULIAN T IV
Address: 765 CAMINO GARDENS LN
City-St-Zip: BOCA RATON, FL 33432

Title: S (X) Change () Addition
Name: PASCALE, BRYAN
Address: 765 CAMINO GARDENS LN
City-St-Zip: BOCA RATON, FL 33432

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASCALE BRYAN

S

02/06/2007

Electronic Signature of Signing Officer or Director

Date