2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000053177

FILED Apr 27, 2006 Secretary of State

Entity Name: BROADCROWN, INC.

Current Principal Place of Business:		New Principal Place of Business:		
11701 NW SUITE # 1	/ 102ND ROAI 2	0		
MEDLEY,	FL 33178			
Current Mailing Address:		ss:	New Mailing Address:	
SUITE#1	/ 102ND ROAI 2 FL 33178)		
•	: 65-1015745	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
236 EAST	ATE ACCESS 6TH AVENUE			
TALLAHA:	SSEE, FL 323			
The above	SSEE, FL 323	303 US	purpose of changing its registere	ed office or registered agent, or both,
The above	SSEE, FL 323 e named entity e of Florida.	303 US	purpose of changing its registere	ed office or registered agent, or both,
The above n the State	SSEE, FL 323 named entity of Florida. RE:	303 US		ed office or registered agent, or both, Date
The above n the State SIGNATU	SSEE, FL 323 named entity of Florida. RE: Electro	submits this statement for the		
The above n the Stati SIGNATUI	SSEE, FL 323 named entity of Florida. RE: Electro	submits this statement for the nic Signature of Registered Ag	ent	
The above n the Status SIGNATUI Election Care OFFICER Title: Name: Address:	e named entity e of Florida. RE: Electro mpaign Financir S AND DIRECTO WSTD (BORGMAN, D,	submits this statement for the nic Signature of Registered Age Trust Fund Contribution (). CTORS:) Delete AVID J 2ND ROAD STE 12	ent	Date
The above n the Stati SIGNATUI	e named entity e of Florida. RE: Electro mpaign Financir S AND DIRECTO VSTD (BORGMAN, D, 11701 NW 10; MIAMI, FL 33 PD (YATES, VICTO	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). CTORS:) Delete AVID J 2ND ROAD STE 12 178) Delete OR J 2ND ROAD STE 12	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: MARK TAYLOR 04/27/2006 MR