


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90079 022 ***150.00

DOCUMENT # P00000092069	
1. Entity Name BROWN PRINTING AND MARKETING, INC.	

Principal Place of Business 401 E. SPRUCE ST. TARPON SPRINGS, FL 34689	Mailing Address 401 E. SPRUCE ST. TARPON SPRINGS, FL 34689
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2. Principal Place of Business - No P.O. Box # 35246 US Hwy 19 N Suite, Apt. #, etc. # 321	3. Mailing Address 35246 US Hwy 19 N Suite, Apt. #, etc. # 321
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City & State Palm Harbor, FL	City & State Palm Harbor, FL
Zip 34684	Country USA

01102007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3673252	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROWN, ANDREA 401 E. SPRUCE ST. TARPON SPRINGS, FL 34689	
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7. Name and Address of New Registered Agent Name ANDREA BROWN Street Address (P.O. Box Number is Not Acceptable) 35246 US Hwy 19 N #321 City Palm Harbor FL Zip Code 34684	
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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  DATE 3-13-7

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, ANDREA 401 E. SPRUCE ST. TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Brown, Andrea <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 35246 US Highway 19 N #321 Palm Harbor, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:  DATE 3-12-7 DAYTIME PHONE # 772-641-7855