


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90014 045 \*\*\*150.00

<b>DOCUMENT # P00000105380</b>	
1. Entity Name <b>BROWNSTONE COMMONS, INC.</b>	

Principal Place of Business <b>11191 S.E. 55TH RD BELLEVIEW FL 34420</b>	Mailing Address <b>10877 S.E. 45TH AVE BELLEVIEW FL 34420</b>
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2. Principal Place of Business <b>11191 SE. 55TH AVE RD.</b>	3. Mailing Address <b>P.O. BOX 2091</b>
Suite, Apt. #, etc. <b>Unit 101</b>	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State <b>BELLEVIEW FLORIDA</b>	City & State <b>BELLEVIEW FLORIDA</b>
Zip <b>34420</b>	Country <b>MARION</b>
Zip <b>34421</b>	Country <b>MARION</b>

4. FEI Number <b>59-3682421</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>DICANDIA, PAUL A II 10877 S.E. 45TH AVE B BELLEVIEW FL 34420</b>
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7. Name and Address of New Registered Agent	
Name <b>PAUL A. DICANDIA II</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>10254 S.E. 41ST TERRACE</b>	
City <b>BELLEVIEW</b>	FL Zip Code <b>34420</b>

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  **PAUL A. DICANDIA II** **2-1-06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

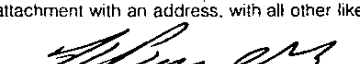
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
 Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICANDIA, PAUL A II 10877 SE 4TH AVENUE BELLEVIEW FL 34420 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICANDIA, LUCY J 10877 SE 45TH AVE BELLEVIEW FL 34420 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DICANDIA, CONSTANCE M 1531 NW 79 TERRACE PEMBROKE PINE FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVESQUE, LISA 3008 SE 11TH STREET OCALA FL 34471 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICANDIA PAUL A. II 10254 SE. 41ST TERRACE BELLEVIEW FLORIDA. 34420 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICANDIA LUCY J. 4340 S.E. 106TH STREET BELLEVIEW FLORIDA 34420 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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:  **PAUL A. DICANDIA II** **2-1-06** **352-245-5575**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #