2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 A Secretary of State

DOCUMENT # P01000025518 1. Entity Name BREWER ARCHITECTURE, INC.					Secretary of Stat
Principal Place 85 SE 4TH A SUITE 101 DELRAY BEA	VENUE	tailing Address 85 SE 4TH AVENUE SUITE 104 DELRAY BEACH, FL 33483			
D	O NOT WRITE I		CE	04242006 4. FEI Numbre 65-108 5. Certificate	
6. Name and Address of Current Registered Agent HILLSMAN, CHRISTINA 85 SE 4TH AVENUE SUITE 104 DELRAY BEACH, FL 33483			DO NOT WRITE IN THIS SPACE		
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 prived name of registered agent and stile if applicable. (NOTE: Registered Agent argnature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campalgn Finan Trust Fund Contribution.				00 May Be ed to Fees	Un0000556802 05/17/06-80024-011 150.00
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PRE BREWER, GEORGE 85 SE 4TH AVENUE #101 DELRAY BEACH, FL 33483	CTORS			
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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 redeliver by 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: **SIGNATURE** **SIGNATURE** **SIGNATURE** **SIGNATURE** **SIGNATURE** **SIGNATURE** **Torida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certificate indicated in Chapter 119, Florida Statutes. I further certificate indicated in Chapter 119, Florida Statutes. I further certificate indicated in Chapter 119, Florida Statutes. I further certificate ind					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELL'S COLOR DELL'					