## **2007 FOR PROFIT CORPORATION**

## Jan 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P01000079833 01-16-2007 90200 049 \*\*\*150.00 BROWN LANDHOLDING, INC. Principal Place of Business Mailing Address 11924 FOREST HILL BLVD STE 22-282 11924 FOREST HILL BLVD STE 22-282 WELLINGTON, FL 33414 WELLINGTON, FL 33414 2. Principal Place of Business - No P.O. Box # Brown Landholding, Inc. City & Safe Benoist Farms Rd 829 Benoist Farms Road 01092007 CR2E034 (12/06) 4. FEI Number Applied For West Palm Beach. Acrido 4**1 1**01-0633116 West Palm Beach, Florida 3341 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEFFLING, JOHN D Street Address (P.O. Box Number is Not Acceptable) 316 BANYAN BLVD WEST PALM BEACH, FL 33401 City Zip Code 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRASWELL, W. STEVEN NAME NAME 11924 FOREST HILL BLVD STE 22-282 STREET ADDRESS STREET ADDRESS CITY-ST-7/P WELLINGTON, FL 33414 CITY-ST-ZIP TITLE Delete Secretal TITLE ☐ Change ■ Addition NAME il 81vd ste 22-282 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME Blud STE 22-282 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filting 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

SIGNATURE

FILED