


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90186 030 ***150.00

DOCUMENT # P01000110373 1. Entity Name BRUMAL, INC.	
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Principal Place of Business 1318 LAFAYETTE STREET CAPE CORAL, FL 33904	Mailing Address 1318 LAFAYETTE STREET CAPE CORAL, FL 33904
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DO NOT WRITE IN THIS SPACE



04232006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1155643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLOAN, CHARLES
 5326 BAYVIEW CT
 CAPE CORAL, FL 33904

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOPES, MALCOLM J 1318 LAFAYETTE STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAGLE, BRUCE 1318 LAFAYETTE ST CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33904
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Thomas W. Hill Date: 4/24/06 Daytime Phone #: 239 549 2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR