
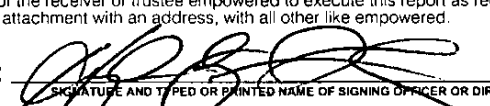


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90106 019 \*\*\*158.75

<b>DOCUMENT # P02000023968</b> 1. Entity Name <b>BRENNAN CORPORATION</b>					
Principal Place of Business <b>6635 WILLOW PARK DRIVE NAPLES, FL 34109</b>			Mailing Address <b>6635 WILLOW PARK DRIVE NAPLES, FL 34109</b>		
2. Principal Place of Business <b>5475 Lee Street</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>Unit 303</b>		Suite, Apt. #, etc.			
City & State <b>Lahigh Acres, FL</b>		City & State			
Zip <b>33971</b>		Country <b>USA</b>		Zip	
Country <b>USA</b>		Zip		Country	
4. FEI Number <b>30-0110357</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>STARLIN, HEYWARD B 10090 VALIANT CT #201 FORT MYERS, FL 33913</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DIAMOND, DAVID B</b> <b>28650 ATTESSA WAY NO. 201</b> <b>BONITA SPRINGS, FL 34135</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>DEANGELIS, JOHN M</b> <b>2316 HARRIER RUN</b> <b>NAPLES, FL 34105</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STARLING, HEYWARD B</b> <b>10090 VALIANT CT #201</b> <b>FORT MYERS, FL 33913</b>	<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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <b>4/20/06</b> Daytime Phone #: <b>239-303-7722</b>					