2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 16, 2006 08:00 AM Secretary of State DOCUMENT # P02000067360 1. Entity Name DAVID KENDRICK BROWN, P.A. Principal Place of Business Mailing Address 639 LAUREL OAK STE 121 ALTAMONTE SPRINGS FL 32701-6354 639 LAUREL OAK STE 121 ALTAMONTE SPRINGS FL 32701-6354 2. Principal Place of Business 3. Malino Address Suite. Apt. #, etc. Suite, Act. #, etc. CR2E034 (10/05) 1st MOORE 4. FEI Number Applied For City & State City & State 42-1540251 Not Applicat Country \$8.75 Additional Country $Z_{\rm ID}$ Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWN, DAVID K Street Address (P.O. Box Number is Not Acceptable) 639 LAUREL OAK STE 121 ALTAMONTE SPRINGS FL 32701-6354 Zip Code City 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 Symmetry provided name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Delete MALE ☐ Change ☐ Addition PSTD KILE BROWN, DAVID K F MAME NAME 639 LAUREL OAK STE 121 STREET ACCRESS STREET ADDRESS COTY-ST-ZIP CSTY-ST-ZIP ALTAMONTE SPRINGS FL 32701-6354 ☐ Change Addition ☐ Delete TITLE TITLE MARKE NAME U00000463476 STREET ADDRESS 03/27/06-80001-016 150.00 STREET ADDRESS CYTY - ST - ZYP CITY-ST-ZIP Charge addition 🔲 Celeta BBB mu NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Chance THE KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2)P ☐ Change Addition ☐ Defete TITLE HHE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Adoition TCLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-208 12. Thereby 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 as supplemental report is true and accurate and that my signature shall have the same legal effect as it 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, withfall other like empowered.

3/11/06

PRESIDENT

SIGNATURE: