

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091647

FILED  
Jul 16, 2007  
Secretary of State

Entity Name: WAYNE BROWN & ASSOCIATES INC.

**Current Principal Place of Business:**

4901 SOUTH WEST SHORE BOULEVARD  
TAMPA, FL 33611

**New Principal Place of Business:**

511 ERIE AVENUE  
TAMPA, FL 33606

**Current Mailing Address:**

4901 SOUTH WEST SHORE BOULEVARD  
TAMPA, FL 33611

**New Mailing Address:**

511 ERIE AVENUE  
TAMPA, FL 33606

FEI Number: 59-3495792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, WAYNE E  
511 ERIE AVE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BROWN, WAYNE E  
Address: 511 ERIE AVE  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE E. BROWN

PRES

07/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date