2006 FOR PROFIT CORPORATION

Apr 04, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000000406 04-04-2006 90147 017 ***158.75 **BREÉHNE CORPORATION** Mailing Address Principal Place of Business 40043434 883 VANDERBILT BEACH ROAD 883 VANDERBILT BEACH ROAD NAPLES, FL 34108 NAPLES, FL 34108 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State Not Applicable 36-2070573 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BREEHNE, PAUL M SR Street Address (P.O. Box Number is Not Acceptable) 883 VANDERBILT BEACH ROAD NAPLES, FL 34108 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 ... Signeture, 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 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition n MIF ☐ Delete TITLE BREEHNE, PAUL M SR NAME NAME 883 VANDERBILT BEACH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES, FL 34108 ☐ Change ☐ Addition ☐ Delete MLE. TITLE BREEHNE, PAUL M JR NAME 883 VANDERBILT BEACH ROAD STREET ADDRESS STREET ADDRESS NAPLES, FL 34108 CITY-ST-ZIP CITY-ST-ZIP X Addition ☐ Chance ☐ Delete mı£ Patrice Dalton 421 3rd Street SW 1Vaples, FC 34117 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change mie Patrice Dalton Sw Gal 3rd Street Sw NAME NAME STREET ADDRESS STREET ADDRESS Naples, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

■ Addition

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TIDE

NAME

STREET ADDRESS

CITY-ST-ZIP

3-28-06 *239-597-133*0 SIGNATURE: Davtime Phone # SIGNATURE AND TYPED OR PRINTED NA