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Secretary of State
05-01-2007 90031 004 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000001111

1. Entity Name
BROTHERS UNITED INTL. INVESTIGATIONS, INC.

02-066301

66020152

03142007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2817 DOLPHIN DR. MIRAMAR, FL 33025	P.O. BOX 190534 MIAMI BEACH, FL 33119

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
742 Alton Road	
Suite, Apt. #, etc.: B	Suite, Apt. #, etc.
City & State: Miami Beach, Fl.	City & State
Zip: 33139 Country	Zip Country

4. FEI Number: APPLIED FOR 370864 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYANT, HENRY
~~2817 DOLPHIN DR.~~ 742 Alton Road
~~MIRAMAR, FL 33025~~ Miami Beach, Fl 33139

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TURNER, ALICE	NAME	
STREET ADDRESS	P.O. BOX 190534	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33119	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Alice Turner-Bryant 4-28-07 786-486-1088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #