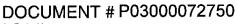
2005 FOR PROFIT CORPORATION ANNUAL REPORT



1. Entity Name BREWSTER VENTURES, INC.



FILED Apr 11, 2005 8:00 am Secretary of State 04-11-2005 90175 045 ***150.00

Principal Place of Business		Mailing Address				70025100				
C/O FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD STE 600 NAPLES, FL 34108		C/O FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD STE 600 NAPLES, FL 34108			1 18311881 11	. 			i I I	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042005	Chg-P	CR2E034 (10	V03)		
City & State		City & State		randra de la composição d	4. FEI Numb 20-006			Applied F		
Zip	Country	Zip	Country		5. Certificate	of Status Desired		5 Additional equired		
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New F	Registered Agent			
FOLL ED WILLES DOCOG BANKED DA				Name						
FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD STE 600 NAPLES, FL 34108				Street Address (P.O. Box Number is Not Acceptable			e)			
				City			FL Zip	o Code		
9 The above	named entity submits this statement t	for the purpose of chan	iging its registers	ad office or rea	distanced amont or bo	th in the State of Flo		ruith and ac	cont	
	ons of registered agent.	or the perpose of chan	iging ita registere	a onice or re	gistered agent, or be	ar, artic oldic or r	она. Таппална	, will, and ac	ссрі	
SIGNATURE_	Signature, typed or printed name of registered ager	at and title if applicable.	(NOTE: Registered	d Agent signature r	equired when reinstating)		DATE		-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fire Trust Fund Contribution				naing	\$5.00 May Be Added to Fees			· · · · · ·	-	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS.	CHANGES TO OFF	FICERS AND DIREC	CTORS IN 11		
TITLE	PD Delete		ete TITLE	P'	TD	XX			ddilion	
NAME	BREWSTER, ROBERT H JR			I	•	wster, Robert H Jr				
STREET ADDRESS				1 *	O Shore Drive					
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-		oynton Bea	ch, FL 33	435			
TITLE	PD Delete			I	D 1		XX cr	iange 🔲 Ad	ddition	
NAME	JAMES, PAUL		NAME		ames, Paul	es, raui 50 Via Veneto Blvd #1903				
STREET ADDRESS CITY-ST-ZIP						nita Springs, FL 34134				
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STREET ADDRESS						50 Via Veneto Blvd #1903				
CITY-ST-ZIP	1 -					ita Springs, FL 34134				
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NAME			NAME	E				•		
STREET ADDRESS			STREE	et address						
CITY-ST-ZIP			CITY-	-ST-ZIP						
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CITY-ST-ZIP								120gg [7]	dditio-	
TITLE Name		☐ Dele	ete TITLE NAME				☐ CH	nange [] Ad	עמוזומנ	
NAME STREET ADDRESS				ET ADDRESS						
				-ST-ZIP						
•	ertify that the information supplied wi on this report or supplemental report	th this filling does not a	ualify for the exer	mption stated	in Section 119.07(3)	(i), Florida Statutes.	I further certify tha	t the informati	ion	
indicated	on this report or supplemental report	is true and accurate ar	nd that my signat	ture shall have	e the same legal effe	ct as if made under	oath; that I am an o	officer or direct	ctor	

of the corporation or the receiver or this true and accurate and that my signature shall have the same legal effect as it made under oath; that it arrival and lite of the corporation or the receiver or this tele empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 or

SIGNATURE:

Paul James, Co-President