

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000087120 1. Entity Name BRITE FUTURE CONSTRUCTION, INC.	
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Principal Place of Business 2401 SW 31ST AVE., SUITE F16 PEMBROKE PINES, FL 33009	Mailing Address 2401 SW 31ST AVE., SUITE F16 PEMBROKE PINES, FL 33009
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0477530	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LITTLEJOHN, JOANNE M 2401 SW 31ST AVE., SUITE F16 HALLANDALE, FL 33009

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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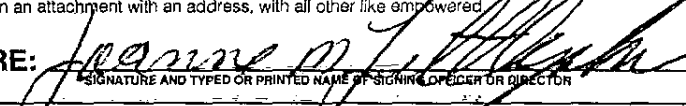
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LITTLEJOHN, DWAYNE 2401 SW 31ST AVE., SUITE F16 PEMBROKE PINES, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD LITTLEJOHN, JOANNE 2401 SW 31ST AVE., SUITE F16 PEMBROKE PINES, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/24/05-80072-003 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1-19-05 Date	Daytime Phone 954-458-0876 Daytime Phone #
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