## **2006 FOR PROFIT CORPORATION**

**SIGNATURE:** 

## Mar 02, 2006 8:00 am Secretary of State **ANNUAL REPORT** 03-02-2006 90009 019 \*\*\*150 00 DOCUMENT # P.03000087120\* BRITE FUTURE CONSTRUCTION, INC. Principal Place of Business Mailing Address 2401 SW 31ST AVE., SUITE F16 2401 SW 31ST AVE., SUITE F16 PEMBROKE PINES, FL 33009 PEMBROKE PINES, FL 33009 2. Principal Place of Business CR2E034 (11/05) 02092006 4. FEI Number Applied For 51-0477530 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Brow 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LITTLEJOHN, JOANNE M 2401 SW 31ST AVE., SUITE F16 HALLANDALE, FL 33009 8. The above named entity submits this statement for the purpose of changing agent, or both, in the State of Florida. I am familia the obligations of registered agent. SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD ☐ Addition Delete TITLE TITLE LITTLEJOĤN, DWAYNE NAME NAME 2401 SW 31ST AVE., SUITE F16 STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL 33009 CITY-ST-ZIP CITY-ST-ZIP VSD ☐ Delete TITLE ☐ Addition TITLE NAME LITTLEJOHN, JOANNE NAME 2401 SW 31ST AVE., SUITE F16 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33009 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS 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 19, 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.

**FILED**