2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000108389

1. Entity Name

BRETTWESTON CORPORATION



FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

5580 8TH STREET WEST

SUITE 6&7 LEHIGH ACRES, FL 33971 Mailing Address

5580 8TH STREET WEST SUITE 6&7

LEHIGH ACRES, FL 33971



04242008

No Chg-P

CR2E034 (11/05)

4. FEI Number 26-0075800

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STARLING, HEYWARD 5580 8TH STREET WEST SUITE 6&7 LEHIGH ACRES, FL 3397

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LEHIGH ACRES, FL 33971				IN ITIS 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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	U00000938277 05/27/08-80083-016 158.75	
10.	OFFICERS AND DIREC	TORS				
NAME STREET ADDRESS CITY-ST-ZIP	VP DEANGELIS, JOHN M 2316 HARRIER RUN NAPLES, FL 34105					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STARLING, HEYWARD B 10090 VALIANT COURT NO. 201 MIRAMAR, FL 33913					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIAMOND, DAVID B 6635 WILLOW PARK DRIVE NAPLES, FL 34109			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•	
TITLE						

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:

NAME STREET ADDRESS CITY-ST-ZIP

THE IND TYPES OR PRINCED HAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #