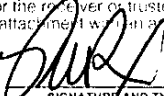


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90035 040 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                     |                                                                                                                                                                         |                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000130966</b><br>1. Entity Name<br><b>DAVID W. BROXSON CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                                     |                                                                                                                                                                         |  |  |
| Principal Place of Business<br><b>9674 NAVARRE PKWY.<br/>NAVARRE, FL 32566</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                                                                     | Mailing Address<br><b>9674 NAVARRE PKWY.<br/>NAVARRE, FL 32566</b>                                                                                                      |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     | 3. Mailing Address                                                                  |                                                                                                                                                                         |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                         |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     | City & State                                                                        |                                                                                                                                                                         |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country                                                             | Zip                                                                                 | Country                                                                                                                                                                 | 4. FEI Number<br><b>20-0399561</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                     |                                                                                                                                                                         | <b>\$8.75 Additional Fee Required</b>                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BROXSON, DAVID W<br/>9674 NAVARRE PKWY.<br/>NAVARRE, FL 32566</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of corporation agent (and firm if applicable) (If "off" - Registered Agent signature required, often representative)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                                     |                                                                                                                                                                         |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                         | <b>\$5.00 May Be Added to Fees</b>                                                |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                   |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PSTD<br>BROXSON, DAVID W<br>9674 NAVARRE PKWY.<br>NAVARRE, FL 32566 |                                                                                     | <input type="checkbox"/> Delete                                                                                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                     |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                     |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                     |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                     |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                     |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                   |  |
| 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 I will on address, with all other like empowered. |                                                                     |                                                                                     |                                                                                                                                                                         |                                                                                   |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                     | David W Broxson                                                                                                                                                         |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                                     | 850 9393830                                                                                                                                                             |                                                                                   |  |