2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 8:00 am **DOCUMENT # P03000154753** Secretary of State BRIAN MANN ENTERPRISES, INC. 05-01-2006 90400 049 ***150.00 Principal Place of Business Mailing Address 2525 WHALEY AVENUE **2525 WHALEY AVENUE** PENSACOLA, FL 32503 PENSACOLA, FL 32503 2. Principal Place of Business 3. Mailing Address 516 Desert Oak Dr. 516 Desert Suite, Apt. #, etc. 04162006 Chg-P CR2E034 (11/05) ten<u>sacola</u> Pensacola City & State City & State 4. FEI Number Applied For 92-0185308 Not Applicable ^{ZID}32514 Country EScambig Country \$8.75 Additional 5. Certificate of Status Desired Escamb19 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME MANN, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 2525 WHALEY AVENUE PENSACOLA, FL 32503 City DOX 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Change ☐ Addition TITLE ☐ Delete TITLE MANN, BRIAN J NAME NAME 516 Desert Oak Dr STREET ADDRESS 2525 WHALEY AVENUE STREET ADDRESS CITY-ST-7/P PENSACOLA, FL 32503 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition MANN, PATRICIA B NAME NAME 516 Desert Oak Dr. STREET ADDRESS 2525 WHALEY AVENUE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 CITY - ST - 71P □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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2. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:	Brianofman	Brian d. Mann	4-27-06	850-525-9689
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Oate	Daytime Phone #