2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2005 8:00 am Secretary of State DOCUMENT # P04000014132 04-14-2005 90084 022 ***150.00 R J BROWN ENTERPRISES INC. Principal Place of Business Mailing Address 40055979 2437 5TH AVE N 2437 5TH AVE N ST PETERSBURG, FL 33713 ST PETERSBURG, FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, RAY 5116 BEACH DR SE Street Address (P.O. Box Number is Not Acceptable) APT E ST PETERSBURG, FL 33705 City 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME BROWN, RAY J. 2437 5TH AVENUE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33713 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ____ ☐ Delete TITLE _ _ Change _ _ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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