


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000025181</b> 1. Entity Name <b>BRETT MCPHERSON, INC.</b>							
Principal Place of Business <b>650 CYPRESS DR MERRITT ISLAND, FL 32952</b>		Mailing Address <b>2060 SCHOONER DR MERRITT ISLAND, FL 32952</b>					
<b>DO NOT WRITE IN THIS SPACE</b>		  04122006    No Chg-P    CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number <b>55-0860285</b></td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired    <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required</td></tr></table>		4. FEI Number <b>55-0860285</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required							
6. Name and Address of Current Registered Agent  <b>MCPHERSON, BRETT 2060 SCHOONER DR MERRITT ISLAND, FL 32952</b>		<b>DO NOT WRITE IN THIS SPACE</b>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> _____ DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
<b>10. OFFICERS AND DIRECTORS</b>		<div style="text-align: right;">000000551985 05/13/06-80122-002 150.00</div>  <b>DO NOT WRITE IN THIS SPACE</b>					
TITLE	DP						
NAME	MCPHERSON, BRETT						
STREET ADDRESS	2060 SCHOONER DR						
CITY - ST - ZIP	MERRITT ISLAND, FL 32952						
TITLE							
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
TITLE							
NAME							
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CITY - ST - ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
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: <u>Brett McPherson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-12-06</u> Daytime Phone # <u>321 863 7368</u>					