


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000066600 1. Entity Name BRAVE BEAR CONSTRUCTION INC.	
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FILED

05 APR 25 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 404 SHADEVILLE HWY CRAWFORDVILLE, FL 32327	Mailing Address 404 SHADEVILLE HWY CRAWFORDVILLE, FL 32327
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03152005 Chg-P CR2E034 (10/03)

4. FEI Number 52-2443442	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROBISON, JOEY R 404 SHADEVILLE HWY CRAWFORDVILLE, FL 32327	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBISON, JOEY R 404 SHADEVILLE HWY CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800053933458 05/06/05--01008--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBISON, ROBERT C I 400 SHADEVILLE HWY CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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.

SIGNATURE: Joey Robison 4-25-05 850-443-0145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robison APR 25 2005