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Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90181 045 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000072170

1. Entity Name
BRIGHTON RESOURCES INC.

Principal Place of Business	Mailing Address
58 COMMERCIAL WAY SPRING HILL, FL 34606 US	58 COMMERCIAL WAY SPRING HILL, FL 34606 US

14004106

04182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2288 Commercial Way	2288 Commercial Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SpringHill FL	City & State: SpringHill Fl
Zip: 34606 Country: US	Zip: 34606 Country: US

4. FEI Number: 20-1078772 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TEVZ, JOSEPH M
58 COMMERCIAL WAY
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent
Name: Joseph M Tevz
Street Address (P.O. Box Number Is Not Acceptable): 2288 Commercial Way
City: SpringHill FL Zip Code: 34606

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D TEVZ, JOSEPH M 58 COMMERCIAL WAY SPRING HILL, FL 34606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,D WASIELEWSKI, ROBERT P.O. BOX 5037 SPRING HILL, FL 34611	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Joseph M. Tevz Joseph M. Tevz 4-26-05 (813) 545-1011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

(President)