FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

Jul 14, 2005 8:00 am **Secretary of State** DOCUMENT # P0400121009 07-14-2005 90082 022 ***150.00 1. Entity Name Edgar Brown Inc DO NOT WRITE IN THIS SPACE 20063851 2. Principal Place of Business 876 SE Robwyn 3. Mailing Address 8876 SE Robuyn St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0854665 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name Edgar DO NOT WRITE (P.O. Box Number is Not Acceptable) Street Address IN THIS SPACE 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. ed Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing After May-1, Fee is \$550.00 \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE Pres CR2E034B (12/02) EdGAR Brown TITLE NAME 8269 SE Sweet BAY dr STREET ADDRESS STREET ADDRESS 133455 January CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE T(T) F NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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 on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

ATTACHMENT 20063851 #10400121009 Monday, July 11, 2005

To: Division of Corporation,

Please excuse the lateness of this payment, but I never recieved the first notice. I contacted your office, and spoke with Vanda Murray. I explained my situation to her, and she waived the late fee. I have enclosed my check for \$150.00. Thank you for your understanding.

Sincerely,

Edgen Brown

Edgar Brown