

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90004 042 \*\*\*550.00

<b>DOCUMENT # P04000123461</b> 1. Entity Name <b>BROTHERS REALTY.US INC.</b>					
Principal Place of Business <b>902 NE JENSEN BCH BLVD JENSEN BCH FL 34957</b>				Mailing Address <b>902 NE JENSEN BCH BLVD JENSEN BCH FL 34957</b>	
2. Principal Place of Business <b>2531 NE PINE AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2531 NE PINE AVE</b> Suite, Apt. #, etc.			
City & State <b>JENSEN BEACH, FL</b>		City & State <b>JENSEN BEACH, FL</b>		4. FEI Number <b>20-1787045</b>	
Zip <b>34957</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WALINSKI, TY 2348 NE GINGER TERR JENSEN BCH FL 34957</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>TY WALINSKI</b> <span style="float: right;"><b>4-27-05</b></span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WALINSKI, TY 234 NE GINGER TERRBLVD JENSEN BCH FL 34957</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FISHER, MARK 8014 INTERLAKE AVE N SEATTLE WA 98103</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <b>TY WALINSKI</b> <span style="float: right;"><b>4-27-05 7722155896</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					