2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90331 036 ***150.00

1. Entity Nan	MENT # P0400012 BROVE, P.A.	23545				_	
Principal Plac	ce of Business	Mailing Address				500 ,	37965
	N'S RUN, F-9 CH, FL 32459	160 JACKSON'S RUN, F- Santa Beach, Fl. 324			;		
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2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		04062005	Chg-P	CR2E034 (10/03)	
City & Stat	te	City & State		4. FEI Numbe		⊢	pplied For
Zip -	Country	Zip	Country			\$8.75 Ad	ditional
	6. Name and Address of Curre	int Registered Agent			Address of New Reg	Fee Require	ed
			Name				
1104 EGL			Street Addres	ss (P.O. Box Numb	er is Not Acceptable)		
SHALIMAI	R, FL 32579						
			City	1		FL Zip Coo	de
	e named entity submits this statement tions of registered agent.	t for the purpose of changing its r	egistered office or regis	stered agent, or bo	th, in the State of Flori	da. I am familiar with	, and accept
SIGNATURE	A SAME OF THE POPULATION OF TH		14,				•
SIGNATURE.	Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE:	Registered Agent signature requ	ared when reinstating)		DATE	
FIL	Signature, typed or printed name of registered ago. E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$55.	9. Election Campaig	gn Financing	55.00 May Be Added to Fees		DATE	· · · · ·
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12. I hereby certify that the infor indicated on this report or su of the corporation or the recichanged, or on an attachment. nation supplied with this filing toes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information polerhenial 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 year or truetge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP ·

SIGNATURE: