2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 14, 2007 8:00 am Secretary of State 03-14-2007 90042 035 ***150.00

DOCUMENT # P04000137011 1. Entity Name TOP BRASS INC					03-14-2007 90042 033 *** 130.00				
Principal Place of Business 2602 N W 98TH WAY CORAL SPRINGS, FL 33065		Mailing Address 2602 N W 98TH WAY CORAL SPRINGS, FL 33065		20006290					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03122007	Chg-P	CR2E034	4 (12/06)	
City & State		City & State			4. FEI Number 73-17197	792			plied For ot Applicable
Zip Country		Zip	Cour	ntry	5. Certificate of		L. F€	8.75 Add se Required	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New A	egistered Ag	ent	
JACK, ALT				Name	(DOD 1)	N			
2602 NW 98 WAY CORAL SPRINGS, FL 33065				Street Address (P.O. Box Number is Not Acceptable)					
				City				Zip Code	A
					<u> </u>				
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 3/11/07									
Signator in typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signator , typed or printed name of registered agen	and title of applicable. (NOT	E: Registere	d Agent signature require	red when reinstating)		DATE		
FIL After Ma	//	9. Election Campa	iign Finar	noing\$	5.00 May Be dded to Fees		DATE		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

JACK ALTER

JACK ALTER

JAMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daying Phone I

954-336-8198