2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 11, 2007 08:00 A Secretary of State **DOCUMENT # P04000140471** BROYAN MASONRY, INC. Principal Place of Business Mailing Address **153 CANAL STREET** 153 CANAL STREET SANFORD, FL 32773 SANFORD, FL 32773 No Chg-P CR2E034 (11/05) 04062007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1412313 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WARD, ROY G 153 CANAL STREET SANFORD, FL 32773 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WARD, ROY G NAME STREET ADDRESS 153 CANAL STREET CITY-ST-ZIP SANFORD, FL 32773 TITLE BRADFORD, KELLY W NAME STREET ADDRESS 153 CANAL ST SANFORD, FL 32773 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP U000000700654

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED