

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90208 023 ***150.00

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04172006 Chg-P CR2E034 (11/05)

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| DOCUMENT # P04000145958 | | | |  | |
| 1. Entity Name BROWN BROTHERS RECORDS AND PROMOTIONS INTERNATIONAL INC. | | | | | |
| Principal Place of Business 4047 OKEECHOBEE BLVD. SUITE 211 WEST PALM BEACH, FL 33409 | | | Mailing Address 4047 OKEECHOBEE BLVD. SUITE 211 WEST PALM BEACH, FL 33409 | | |
| 2. Principal Place of Business 20-30 Dock Street | | 3. Mailing Address 20-30 Dock Street | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State West Palm Beach, FL | | City & State West Palm Beach, FL | | 4. FEI Number 20-1787227 | |
| Zip 33401 | | Country Palm Bch | | Applied For Not Applicable | |
| Zip 33401 | | Country Palm Beach | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BROWN, KEVIN 4047 OKEECHOBEE BLVD. SUITE 211 WEST PALM BEACH, FL 33409 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | FL 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 Kevin Brown | | SIGNATURE Kevin Brown | | DATE 4/17/06 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BROWN, KEVIN 4047 OKEECHOBEE BLVD. #211 WEST PALM BEACH, FL 33409 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: Kevin Brown | | SIGNATURE Kevin Brown | | DATE 4/17/06 561-723- | |
| Signature and typed or printed name of signing officer or director | | | | Date Daytime Phone # | |