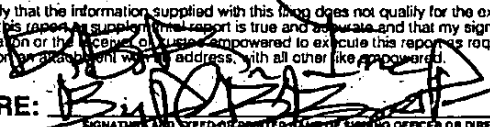


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

03-16-2005 90035 041 ***150.00

DOCUMENT # P04000169407 1. Entity Name DAVE BREWER REALTY, INC.					
Principal Place of Business 4155 ST. JOHNS PARKWAY #2000 SANFORD, FL 32771 US			Mailing Address 4155 ST. JOHNS PARKWAY #2000 SANFORD, FL 32771 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		66009770 	
4. FEI Number 20-2099210				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				02222005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent BREWER, DAVID B 4155 ST. JOHNS PARKWAY #2000 SANFORD, FL 32771			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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/D BREWER, DAVID B 4155 ST. JOHNS PARKWAY, #2000 SANFORD, FL 32771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T BREWER, DAVID B 4155 ST. JOHNS PARKWAY, #2000 SANFORD, FL 32771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this form 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 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 person authorized 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 the address, with all other like information.					
SIGNATURE: 			3/10/05 407.330.9901		
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR			Date Daytime Phone #		