

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90142 029 \*\*\*150.00

<b>DOCUMENT # P04000169407</b>					
<b>1. Entity Name</b> DAVE BREWER REALTY, INC.					
<b>Principal Place of Business</b> 4155 ST. JOHNS PARKWAY #2000 SANFORD, FL 32771 US			<b>Mailing Address</b> 4155 ST. JOHNS PARKWAY #2000 SANFORD, FL 32771 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-2099210	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BREWER, DAVID B 4155 ST. JOHNS PARKWAY #2000 SANFORD, FL 32771				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P/D	<b>NAME</b> BREWER, DAVID B	<input type="checkbox"/> Delete	<b>TITLE</b> V/P	<b>NAME</b> Dale, Michael	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4155 ST. JOHNS PARKWAY, #2000	SANFORD, FL 32771		<b>STREET ADDRESS</b> 4155 St. Johns Pkwy, #2000	Sanford, FL. 32771	
<b>CITY-ST-ZIP</b>	SANFORD, FL 32771		<b>CITY-ST-ZIP</b>	Sanford, FL. 32771	
<b>TITLE</b> S/T	<b>NAME</b> BREWER, DAVID B	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> S/T	<b>NAME</b> McGroder, Patrick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4155 ST. JOHNS PARKWAY, #2000	SANFORD, FL 32771		<b>STREET ADDRESS</b> 4155 St. Johns Pkwy, #2000	Sanford, FL. 32771	
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<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
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<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
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<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Michael S. Dale</i>			3/15/07 407-585-8500		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		