

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172532

FILED
Apr 18, 2007
Secretary of State

Entity Name: BROWN G.P., INC.

Current Principal Place of Business:

PO BOX 550638
FT. LAUDERDALE, FL 33355

New Principal Place of Business:

2753 WEST STONEBROOK CIRCLE
DAVIE, FL 33330

Current Mailing Address:

PO BOX 550638
FT LAUDERDALE, FL 33355

New Mailing Address:

FEI Number: 20-2073459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, GARY L
4000 HOLLYWOOD BLVD SUITE 265-S
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, STANLEY L
Address: 1095 PIN OAK STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: BROWN, MADELINE L
Address: 1095 PIN OAK STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: BROWN, GARY L
Address: 1095 PIN OAK STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: BROWN, DALE A
Address: 1095 PIN OAK STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: BROWN, JEFFREY R
Address: 1095 PIN OAK STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: BROWN, BRUCE H
Address: 1095 PIN OAK STREET
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. BROWN

OD

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date