

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 13, 2007  
Secretary of State**

DOCUMENT# P05000004685

Entity Name: BRIAN R. CHOWNING, INC.

**Current Principal Place of Business:**

1315 LA SALIDA WAY  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 490306  
LEESBURG, FL 347490306

**New Mailing Address:**

FEI Number: 20-2044127      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHOWNING, BRIAN R  
1315 LA SALIDA WAY  
LEESBURG, FL 34748      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

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: CHOWNING, BRIAN R  
Address: 1315 LA SALIDA WAY  
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CHOWNING, BRIAN R  
Address: 1315 LA SALIDA WAY  
City-St-Zip: LEESBURG, FL 34748

Title: STD ( ) Change (X) Addition  
Name: CHOWNING, CAROL A  
Address: 1315 LA SALIDA WAY  
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify 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: CAROL CHOWNING

DIR

06/13/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date