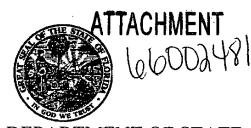
2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 24, 2006 8:00 am Secretary of State 01-23-2006 90121 022 \*\*\*150.00

DOCUMENT # P05000020206  1. Entity Name MELVILLE G. BRINSON, III							01-23-200	6 90121	022 ***	···150.00	
Principal Plac	e of Busines	,		7			_				
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ST. JAMES CI	TY, FL 339	56	ST. JAMES CITY, FL 33		•	ppu	0630	-			
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2. Principal P	1033	3. Mailing Address	Mailing Address								
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Suite, Apt. #, etc.			Suite, Apl. #, etc.			01122006	Chg-P	CR2E03	4 (11/05)		
City & State			City & State		4. FEI Numb	296817			oplied For of Applicable		
Ζip	Zip Country		Zip	ıυy	5. Certificate of Status Desired \$8.75 Additional						
				Fee Required							
<del></del>	o. Name	and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent						
BRINSON, MELVILLE G III						·					
2228 PALI	M AVENU	E			Street Address (P.O. Box Number is Not Acceptable)						
ST. JAMES	S CITY, F	_ 33956									
					City			FL	Zip Cod	6	
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 tamilier with, and acce										and accept	
the obligations of registered agent,											
SIGNATURE											
Signsture, typed or printed name of registered agent and site if applicable. (MOTE: Registered Ag						end when reinstating)		DATE			
FILE NOWII! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.						5.00 May Be dided to Fees					
10.		OFFICERS AND D	IRECTORS	11.	_	ADDITIONS	<u> </u> /CHANGES TO OFFIC	ERS AND C	IRECTOR	S IN 11	
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CITY-ST-ZIP					ET ADORESS -ST-ZIP					- 1	
	ertify that th	information supplied with t	his filing does not qualify fo			ed in Chanter 110	Porida Statutos 14	iriher corrièr	that the i-	tomation	
12. I hereby certify that the information supplied with this filling 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 shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or efficie 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 activities, with all other like empowered.											
SIGNATURE: 1/19/06 239 - 282 - 055											
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 28, 2006

MELVILLE G. BRINSON, III 2228 PALM AVENUE ST. JAMES CITY, FL 33956

Subject: MELVILLE G. BRINSON, III

Reference Number:

P0500002020

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION