

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


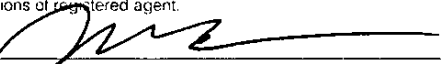
**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90245 038 \*\*\*150.00

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01042007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000020206					
1. Entity Name MELVILLE G. BRINSON, III					
Principal Place of Business <del>2228 PALM AVENUE</del> ST. JAMES CITY, FL 33956			Mailing Address <del>2228 PALM AVENUE</del> ST. JAMES CITY, FL 33956		
2. Principal Place of Business - No P.O. Box # 8359 Stringfellow Rd Suite, Apt. #, etc. Unit A, Suite 102 City & State St. James City, FL Zip 33956 Country USA		3. Mailing Address 8359 Stringfellow Rd Suite, Apt. #, etc. Unit A, Suite 102 City & State St. James City, FL Zip 33956 Country USA			
6. Name and Address of Current Registered Agent BRINSON, MELVILLE G III <del>2228 PALM AVENUE</del> ST. JAMES CITY, FL 33956 8359 Stringfellow Rd Unit A, Suite 102			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  DATE 1/4/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	PD BRINSON, MELVILLE G III 2228 PALM AVENUE ST. JAMES CITY, FL 33956	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 applicable.

1/4/07 01042007