## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000073676

Entity Name: BRIOTT, INC

Address:

City-St-Zip:

5105 SOUTH BAY TO BAY

TAMPA, FL 33611

FILED Jun 13, 2007 Secretary of State

Entity Na	me: BRIOTT,	INC.			
Current P	rincipal Plac	e of Business:	New Principal	New Principal Place of Business:	
2020 SEABIRD WAY RIVIERA BEACH, FL 33404			2908 BAY TO E	C/O ARCIS INVESTMENTS, INC. 2908 BAY TO BAY BLVD., STE. 200 TAMPA, FL 33629	
Current M	lailing Addre	ss:	New Mailing A	New Mailing Address:	
2020 SEABIRD WAY RIVIERA BEACH, FL 33404			2908 BAY TO E	C/O ARCIS INVESTMENTS, INC. 2908 BAY TO BAY BLVD., STE. 200 TAMPA, FL 33629	
FEI Number	: 20-2885147	FEI Number Applied For ( )	FEI Number Not Applicable	e ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD., SUITE 309 TAMPA, FL 33629 US			2907 BAY TÓ E	MCNAMARA, THOMAS P 2907 BAY TO BAY BLVD., SUITE 201 TAMPA, FL 33629 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its re	gistered office or registered agent, or both,	
SIGNATURE:				06/13/2007	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car		93(2)(b), F.S., the corporation did no g Trust Fund Contribution(). CTORS:	·	HANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( SHOWALTER, 5105 SOUTH I TAMPA, FL 33	OIS AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SHOWALTER,	AY TO BAY BLVD; SUITE 200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GIBSON, WILI	AY TO BAY BLVD; SUITE 200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KENNEDY, DA	AY TO BAY BLVD; SUITE 200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D ( SHOWALTER,	) Delete JERRY	Title: Name:	( ) Change ( ) Addition	

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.

Address: City-St-Zip:

SIGNATURE: CARY B. SHOWALTER P 06/13/2007