## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000073676

Entity Name: BRIOTT, INC

Title:

Name:

Address:

FILED Apr 29, 2008 Secretary of State

Entity Name: BRIOTI, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
		ENTS, INC. VD., STE. 200			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
		ENTS, INC. VD., STE. 200			
FEI Number:	20-2885147	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MCNAMARA, THOMAS P 2907 BAY TO BAY BLVD., SUITE 201 TAMPA, FL 33629 US				2908 BAY TO BAY BLVD., SUITE 200	
	named ent e of Florida.	ty submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CARY SHOWALTER				04/29/2008	
	Elect	ronic Signature of Registered Ag	ent	Date	
Election Car	npaign Finan	cing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P SHOWALTE 5105 SOUT TAMPA, FL	H LOIS AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:		(X) Delete :R, KRISTEN · BAY TO BAY BLVD; SUITE 200 33629	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T GIBSON, W 2910 WEST TAMPA, FL	BAY TO BAY BLVD; SUITE 200	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D KENNEDY, 2910 WEST TAMPA, FL	BAY TO BAY BLVD; SUITE 200	Title: Name: Address: City-St-Zip:	()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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CARY SHOWALTER P 04/29/2008

(X) Delete

SHOWALTER, JERRY

City-St-Zip: TAMPA, FL 33611

5105 SOUTH BAY TO BAY

() Change () Addition