

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087203

**FILED**  
**Feb 10, 2006**  
**Secretary of State**

**Entity Name:** BROWN OLIVE NATURAL SKIN CARE, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 120665  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

6919 WEST BROWARD BLVD.  
320  
PLANTATION, FL 33312

**Current Mailing Address:**

POST OFFICE BOX 120665  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

6919 WEST BROWARD BLVD.  
620  
PLANTATION, FL 33312

**FEI Number:** 87-0757718

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, BRIGITTE B  
233 NW 45TH AVENUE  
FORT LAUDERDALE, FL 33317 US

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

BROWN, BRIGITTE B  
6919 WEST BROWARD BLVD.  
320  
PLANTATION, FL 33317 US

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:**

02/10/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PVST ( ) Delete  
**Name:** BROWN, BRIGITTE B  
**Address:** POST OFFICE BOX 120665  
**City-St-Zip:** FORT LAUDERDALE, FL 33312

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

**Title:** PVST (X) Change ( ) Addition  
**Name:** BROWN, BRIGITTE B  
**Address:** 6919 WEST BROWARD BLVD. #320  
**City-St-Zip:** PLANTATION, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the 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:** BRIGITTE B. BROWN

PVST

02/10/2006

Electronic Signature of Signing Officer or Director

Date