2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 06, 2006 8:00 am **Secretary of State** DOCUMENT # P05000099983 1. Entity Name 03-06-2006 90003 019 ***158.75 ED-BRY CONTRACTORS, INC. Principal Place of Business Mailing Address 3870 MAX PLACE 3870 MAX PLACE SUITE 103 SUITE 103 BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436 2. Principal Place of Business P.O.Box 243935 711 MANATEE BAY Suite, Apt. #, etc. Suite, Apt. #, etc. 03022006 CR2E034 (11/05) Chg-P 4. FEI Number 2D -City & State City & State Applied For HOUNTO Not Applicable NOTHYCE \$8.75 Additional 5. Certificate of Status Desired ÜSA Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent EDWIN B. BROWN BROWN, EDWIN B Street Address (P.O. Box Number is Not Acceptable) 3870 MAX PLACE SUITE 103 BOYNTON BEACH, FL 33436 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 the obligations of registered agent EWIN B. BROW SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITI F ☐ Detete TITLE ☐ Addition EDWIN B. BROWN NAME BROWN, EDWIN B NAME III MANATEE BAY DRIVE 3870 MAX PLACE, SUITE103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL. 33436 CITY-ST-ZIP BOYNTON BEACH, FC 33435 Addition TITLE TITLE ☐ Change REBECCA L. BROWN NAME BROWN, EDWIN B NAME III MANATEE BAY DRIVE STREET ADDRESS 3870 MAX PLACE, SUITE103 STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33436 CITY-ST-ZIP HOPER VICTINY CO 33435 SECR TITLE ☐ Delete TITLE BROWN FOWING NAME NAME EDWIN BI BROWN STREET ADDRESS 3870 MAX PLACE, SUITE103 STREET ADDRESS 711 MANATEE BAY DRIVE BOYNTON BEACH, FL 33436 CITY-ST-ZIP CITY-ST-7IP PODUNTON DEACH, TREA TITLE ☐ Delete TITLE Addition BROWN, EDWIN B NAME NAME EDWINB. BROWN THE MANATES BACH 3870 MAX PLACE, SUITE103 BAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33436 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE IIII E ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 it made under oath; that I am an officer or director of the corporation or the receiver a frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if channel or on a state them with particles with a state of the corporation of t changed, or on an attac SIGNATURE FR OR DIRECTOR

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