2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

DOCUMENT# P05000119732

Entity Name: BROWN, HAAKER & OWEN, LAND SURVEYORS INC.

Current Principal Place of Business:

4421 NW 39TH AVE., SUITE 2-2
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

4421 NW 39TH AVE., SUITE 2-2
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 20-3362552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAAKER, LORI
4421 NW 39TH AVE., SUITE 2-2
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAAKER, ALAN
Address: 4421 NW 39TH AVE., SUITE 2-2
City-St-Zip: GAINESVILLE, FL 32606

Title: T ( ) Delete
Name: HAAKER, LORI
Address: 4421 NW 39TH AVE., SUITE 2-2
City-St-Zip: GAINESVILLE, FL 32606

Title: VS ( ) Delete
Name: OWEN, DAVID
Address: 4421 NW 39TH AVE., SUITE 2-2
City-St-Zip: GAINESVILLE, FL 32606

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HAAKER, ALAN J PSM
Address: 4421 NW 39TH AVE., SUITE 2-2
City-St-Zip: GAINESVILLE, FL 32606

Title: TRES (X) Change ( ) Addition
Name: HAAKER, LORI
Address: 4421 NW 39TH AVE., SUITE 2-2
City-St-Zip: GAINESVILLE, FL 32606

Title: VP (X) Change ( ) Addition
Name: OWEN, DAVID
Address: 4421 NW 39TH AVE., SUITE 2-2
City-St-Zip: GAINESVILLE, FL 32606

Title: SEC ( ) Change (X) Addition
Name: HALSNIK-OWEN, MICHELLE
Address: 4421 NW 39TH AVE., SUITE 2-2
City-St-Zip: GAINESVILLE, FL 32606

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: LORI J HAAKER TRES 01/26/2006

Electronic Signature of Signing Officer or Director — Date