2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# P05000122362

Entity Name: LOWE BRION, INC.

Current Principal Place of Business:

PO BOX 616362
ORLANDO, FL 32861

New Principal Place of Business:

101 DOBSON STREET
ORLANDO, FL 32805

Current Mailing Address:

PO BOX 616362
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 20-3422630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIMSLEY, JOANNE
101 DOBSON STREET
ORLANDO, FL 32805 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:	GRIMSLEY, JOANNE	
Address:	101 DOBSON STREET	
City-St-Zip:	ORLANDO, FL 32805	
Title:	V	( ) Delete
Name:	GRIMSLEY, MARLOWE	
Address:	101 DOBSON STREET	
City-St-Zip:	ORLANDO, FL 32805	
Title:	S	( ) Delete
Name:	GRIMSLEY, BRIAN	
Address:	101 DOBSON STREET	
City-St-Zip:	ORLANDO, FL 32805	
Title:	O	( ) Delete
Name:	GRIMSLEY, LEROY	
Address:	101 DOBSON STREET	
City-St-Zip:	ORLANDO, FL 32805	
Title:	O	( ) Delete
Name:	GRIMSLEY, KIMBERLY	
Address:	101 DOBSON STREET	
City-St-Zip:	ORLANDO, FL 32805	
Title:	O	( ) Delete
Name:	GRIMSLEY, LAVONISHA	
Address:	101 DOBSON STREET	
City-St-Zip:	ORLANDO, FL 32805	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JOANNE GRIMSLEY P 03/14/2007

Electronic Signature of Signing Officer or Director — Date