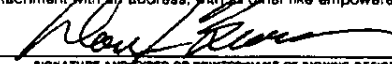


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90254 019 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                                                        |                                                                                |                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P06000001148</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                                                                                        |                                                                                |  |  |
| 1. Entity Name<br><b>DON L. BROWN, P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                        |                                                                                |                                                                                   |  |
| Principal Place of Business<br><b>533 VERSAILLES DR., SUITE 100<br/>MAITLAND, FL 32751</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                                                                                                        | Mailing Address<br><b>533 VERSAILLES DR., SUITE 100<br/>MAITLAND, FL 32751</b> |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                                                                                        | 3. Mailing Address                                                             |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                                                                                                                        | Suite, Apt. #, etc.                                                            |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                                                                                                        | City & State                                                                   |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                       | Zip                                                                                                                    | Country                                                                        | 4. FEI Number<br><b>59-3213299</b>                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                                                        |                                                                                | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                        |                                                                                | \$8.75 Additional Fee Required                                                    |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                                                        | 7. Name and Address of New Registered Agent                                    |                                                                                   |  |
| <b>BROWN, DON L<br/>533 VERSAILLES DR., SUITE 100<br/>MAITLAND, FL 32751</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                                                                                                        | Name                                                                           |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                                                        | Street Address (P.O. Box Number is Not Acceptable)                             |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                                                        | City                                                                           |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                                                        | FL Zip Code                                                                    |                                                                                   |  |
| 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                                                                                                                        |                                                                                |                                                                                   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                                        |                                                                                |                                                                                   |  |
| <b>FILE NOW!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D                             | <input type="checkbox"/> Delete                                                                                        | TITLE                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | BROWN, DON L                  |                                                                                                                        | NAME                                                                           |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 533 VERSAILLES DR., SUITE 100 |                                                                                                                        | STREET ADDRESS                                                                 |                                                                                   |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MAITLAND, FL 32751            |                                                                                                                        | CITY- ST- ZIP                                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <input type="checkbox"/> Delete                                                                                        | TITLE                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                                                                                                        | NAME                                                                           |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                                                                                        | STREET ADDRESS                                                                 |                                                                                   |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                                                                                                                        | CITY- ST- ZIP                                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <input type="checkbox"/> Delete                                                                                        | TITLE                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                                                                                                        | NAME                                                                           |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                                                                                        | STREET ADDRESS                                                                 |                                                                                   |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                                                                                                                        | CITY- ST- ZIP                                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <input type="checkbox"/> Delete                                                                                        | TITLE                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                                                                                                        | NAME                                                                           |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                                                                                        | STREET ADDRESS                                                                 |                                                                                   |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                                                                                                                        | CITY- ST- ZIP                                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <input type="checkbox"/> Delete                                                                                        | TITLE                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered. |                               |                                                                                                                        |                                                                                |                                                                                   |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                                                                                                                        | 1-4-07                                                                         |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                        | Date Daytime Phone #                                                           |                                                                                   |  |

66000000



01032007 Chg-P CR2E034 (12/06)