

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

04-16-2007 90092 029 ***150.00

| | | | | | |
|--|--|---------------------------------|---|--|--|
| DOCUMENT # P06000079019 1. Entity Name BRUNSWICK HOLDINGS, INC | | | | | |
| Principal Place of Business 121 TOURIST DRIVE BRUNSWICK, GA 31520 | | | Mailing Address 8050 BAYMEADOWS CIRCLE WEST SUITE 610 JACKSONVILLE, FL 32256 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-5081664 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BHARAT, PATEL B 8050 BAYMEADOWS CIRCLE WEST SUITE 610 JACKSONVILLE, FL 32256 | | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PATEL, BHARAT 8050 BAYMEADOWS CIRCLE WEST JACKSONVILLE, FL 32256 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PATEL, VIRENDRA 10550 BALMORAL CIRCLE WEST JACKSONVILLE, FL 32218 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PATEL, SONAL 8050 BAYMEADOWS CIRCLE WEST JACKSONVILLE, FL 32256 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PATEL, NIRAV 8050 BAYMEADOWS CIRCLE WEST JACKSONVILLE, FL 32256 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PATEL, NIJAL 8050 BAYMEADOWS CIRCLE WEST JACKSONVILLE, FL 32256 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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 all other like empowered. | | | | | |
| SIGNATURE: <u>Bharat N. Patel</u> BHARAT PATEL | | | Date <u>4/11/07</u> Daytime Phone # <u>904-881-4120</u> | | |

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04112007 Chg-P CR2E034 (12/06)