2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 08, 2008 8:00 am Secretary of State

DOCUMENT # P0700064710 1. Entity Name BRIXTON INVESTMENT CORP.					05-08-2008 9	90015 006 ***15	0.00	
Principal Plac	e of Business	Mailing Address	•					
6440 NW 41 Coral Sprin	ST ST NGS, FL 33324	6440 NW 41ST ST Coral Springs, FL 3332	24		•			
6440 N	Place of Business -/No P.O. Box #	3. Mailing Address	770266					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02122008	Chg-P	CR2E034 (12/06)		
City & State		Coval Dungs	TLA	4. FEI Numb	570897	,	oplied For at Applicable	
^{Zip} 330 <i>E</i>	57 Breward	zip 33 677	BRUPLA	5. Certificate	of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New Re	egistered Agent	-	
CHAVANN	IES, NANCY		Name					
6440 NW 41ST ST CORAL SPRINGS, FL 33324			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	8	
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office or re	egistered agent, or bo	th, in the State of Flo	rida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Ri	egistered Agent signature	required when reinstating)		DATE		
M.O# : FIL After Ma	\$ <i>\`1068494 63</i> E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees				
10.	ÓFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE NAME	P MCFARLANE, NEVILLE	☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS	6440 NW 41ST ST							
CITY-ST-ZIP			NAME STREET ADDRESS					
	CORAL SPRINGS, FL 33324							
TITLE	V	☐ Delete	STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME	V CHAVANNES, NANCY	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	☐ Addition	
	V	☐ Delete	STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS	V CHAVANNES, NANCY 3115 NW 95TH AVE	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition	
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I nereby certify that the information supplied with this filling 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 tristee emplowered 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNALING DEFICER OR DIRECTOR.

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #