

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90142 047 \*\*\*150.00

<b>DOCUMENT # P93000000093</b>					
<b>1. Entity Name</b> <b>BROWNIE, INC.</b>					
<b>Principal Place of Business</b> 237 JOEL BLVD LEHIGH ACRES, FL 33972 US			<b>Mailing Address</b> 12670 NEW BRITTANY BLVD. SUITE 101 FT. MYERS, FL 33907		
<b>2. Principal Place of Business - No P.O. Box #</b> 237 JOEL BLVD		<b>3. Mailing Address</b> Suite, Apt. #, etc. JOHN M. WICKER, P.A. P.O. DRAWER 60205			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> LEHIGH ACRES, FL		<b>City &amp; State</b> FORT MYERS, FL 33906		<b>4. FEI Number</b> 65-0383921	
<b>Zip</b> 33936		<b>Country</b> LEE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ROYSTON, ROBERT D. J 12670 NEW BRITTANY BLD STE 101 FT. MYERS, FL 33907			<b>7. Name and Address of New Registered Agent</b> Name: JOHN M. WICKER, P.A. Street: 12670 NEW BRITTANY BLVD., STE 101 City: FORT MYERS, FL 33907 Zip Code:		
<b>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, and in full compliance with, and accept the obligations of registered agent.</b>					
SIGNATURE:					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE:					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> VPS	<b>NAME</b> SCHWARZMEIER, WILLIBALD		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 237 JOEL BLVD	LEHIGH ACRES, FL, FL <del>33972</del> 33936		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>	LEHIGH ACRES, FL, FL <del>33972</del> 33936		CITY-ST-ZIP		
<b>TITLE</b> PT	<b>NAME</b> KUMBERGER SR., GREGOR		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 237 JOEL BLVD	LEHIGH ACRES, FL, FL <del>33972</del> 33936		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>	LEHIGH ACRES, FL, FL <del>33972</del> 33936		CITY-ST-ZIP		
<b>TITLE</b> NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>	CITY-ST-ZIP		CITY-ST-ZIP		
<b>TITLE</b> NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>	CITY-ST-ZIP		CITY-ST-ZIP		
<b>TITLE</b> NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>	CITY-ST-ZIP		CITY-ST-ZIP		
<b>TITLE</b> NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>	CITY-ST-ZIP		CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> WILLIBALD SCHWARZMEIER					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-28-08					