2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P93000042680

Entity Name: CARLTON BROWN PLASTERING & STUCCO, INC.

Current Principal Place of Business:

3160 NE 3RD AVE
OAKLAND PARK, FL 33309

New Principal Place of Business:

2021 NW 29TH AVENUE
FORT LAUDERDALE, FL 33311

Current Mailing Address:

2021 NW 29TH AVENUE
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-0414500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROWN, CARLTON
2021 N.W. 29 AVE.
FORT LAUDERDALE, FL 33311 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: DPT ( ) Delete
Name: BROWN, CARLTON L
Address: 2021 NW 29TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S ( ) Delete
Name: BROWN, VALERIE L
Address: 1472 AVON LANE 10-212
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: DPTC ( ) Delete
Name: BROWN, CARLTON
Address: 2021 NW 29 AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: PPTC ( ) Delete
Name: BROWN, CARLTON L
Address: 2021 NW 29 AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: V ( ) Delete
Name: CAMPBELL, GEORGE
Address: 2021 NW 29TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: BROWN, VALERIE L
Address: 6361 N FALLS CIRCLE DRIVE 3-202
City-St-Zip: LAUDERHILL, FL 33319

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 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: CARLTON L. BROWN DPT 04/30/2008

Electronic Signature of Signing Officer or Director — Date