

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90286 001 ***150.00

06-05-2006 90286 002 *****8.75

66017912



05162006 Chg-P CR2E034 (11/05)

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # P94000031605 1. Entity Name BROUWER, INC. | | | | | |
| Principal Place of Business 1700 S DIXIE HWY 403 BOCA RATON, FL 33432 | | | Mailing Address 668 EAGLE DRIVE DELRAY BEACH, FL 33444 | | |
| 2. Principal Place of Business SAME Suite, Apt. #, etc. | | 3. Mailing Address Brouwer Inc Suite, Apt. #, etc. P.O. Box 262 | | | |
| City & State | | City & State Linville NC | | 4. FEI Number 65-0551325 | |
| Zip | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WALLE, BROUWER D 1700 S DIXIE HWY 403 BOCA RATON, FL 33432 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | | 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 | PTS WALLE, BROWER D 1700 S DIXIE HWY, 403 BOCA RATON, FL | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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><i>B. W. L.</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 5-27-06 828-733 2096 Date Daytime Phone # | | |

ATTACHMENT

Re: Browner Inc. 66017912 5-9-06
FEI 650 551 325

To whom it may concern.

Enclosed is the annual uniform payment.

I never received the 2006 Form, possibly due

to Hurricane Wilma. Also could you send me

a certificate of status for Browner Inc.

to new mailing address: (Enclosed also 8.75 for Cert. of Status)

Browner D. Walle

P.O. Box 262

Linville N.C. 28646

Thank You

B. D. Walle

P 94000031605