2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000058660

1. Entity Name

BROWN VALUATION SERVICES, INC.



Principal Place of Business

6250 N ANDREWS AVE

STE 200

FT LAUDERDALE, FL 33309 U

Mailing Address

5741 NE 19TH AVE

FT LAUDERDALE, FL 33308

FILED Feb 09, 2004 8:00 am Secretary of State

02-09-2004 90032 034 ***150.00



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No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0513138

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

BROWN, GREGG A 5741 N.E. 19TH AVENUE FT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

| | | | | IN IH | IS SPA | | |
|-------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------|--------------------------------------------------------------|----------------------|-----------------------|----------------|
| | named entity submits this statement for the pions of registered agent. | purpose of changing its register | red office or register | <u>್ಷರ್ಚಿಸಿತ್ತಾಗಿ ಪ್ರಕ್ರಿಸಿಕೆ</u> ed agent, or both, in t | the State of Florid | a. 1 am familiar wi | th, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered egent and title | # applicable. (NOTE: Register | ed Agent signature required | when reinstating) | | DATE + | · · · · · |
| FILI After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 | Election Campaign Fina Trust Fund Contribution. | | 00 May Be ed to Fees | | | |
| 10. | OFFICERS AND DIREC | CTORS | 3, 34 | 3 198k 3 8 12 to | | | 7. 7. 20. 5 |
| TITLE NAME STREET ADDRESS CITY-\$T-ZIP | D BROWN, GREGG A 5741 NE 19TH AVE FT LAUDERDALE, FL 33308 | | | | | | |
| TITLE LAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
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| TITLE Name Street address City-St-Zip | | | | IN TH | IIS SPA | ACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | , 4, | | | | | |
| 12. I hereby (| certify that the information supplied with this t | iling does not qualify for the ex | emption stated in Se | ction 119.07(3)(i), Flo | orida Statutes. I fu | rther certify that th | e information |

12. It hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-31-07

Daytime Phone #