2006 FOR PROFIT CORPORATION

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Sep 07, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P94000091019 09-07-2006 90012 029 ***550.00 BRIGHAM REALTY & INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 10715 SIKES PLACE 10715 SIKES PLACE SUITE 120 SUITE 120 CHARLOTTE, NC 28277 CHARLOTTE, NC 28277 US 2. Principal Place of Business 3. Mailing Address Sikes Place 10800 Sikes Place 0800 Suite, Apt. #, etc. 09052006 CR2E034 (11/05) Chg-P 170 Swite 4. FEI Number Applied For nc 65-0541099 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANDERS, DOUGLAS J Street Address (P.O. Box Number is Not Acceptable) 13627 DEERING BAY DR SUITE 704 CORAL GABLES, FL 33158 City Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 **\$5.00** May Be 9. Election Campaign Financing Trust Fund Contribution. Due by September 15, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST Edward J.P. Brigham TITLE ☐ Delete TITLE Change noitifibA NAME BRIGHAM, EDWARD J 10800 Sikes Place, Swite 170 NAME STREET ADDRESS 10715 SIKES PLACE, SUITE 120 STREET ADDRESS Charlotte, nc 25277 CITY-ST-ZIP CHARLOTTE, NC 28277 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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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.

NAME

TITLE

NAME

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STREET ADDRESS

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SIGNATURE: Farrand Florigh , Edward J.P.Br. ghan	1 9/5/06	706.579.1477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #