2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000064485

1. Entity Name LOUIS H. BROWN BUILDING, INC.



FILED Jan 20, 2006 08:00 AM Secretary of State

Principal Place of Business 2510 OAKLAND PK BLVD. Mailing Address

2510 OAKLAND PK BLVD. FORT LAUDERDALE, FL 33306 US 576 PATTON THICKET ROAD BURNSVILLE, NC 28714



DO NOT WRITE IN THIS SPACE

01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0738761 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

BROWN, THOMAS R. 2636 NE 27TH COURT FORT LAUDERDALE, FL 33306

DO NOT WRITE IN THIS SPACE

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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable PATE PLE NOWILL FEE IS \$150.00 P. Election Campaign Financing Added to Fees State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent.	
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) PATE PATE PATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE	with, and accept
PILE ROWIN FEE 13 \$150.00	
1	,
10. OFFICERS AND DIRECTORS	
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TITLE ST NAME HAGY, JANICE P STREET ADDRESS 576 PATTON THICKET CITY-ST-ZIP BURNSVILLE, NC 28714	ນ ໄລດະກຸກ
TITLE D NAME BROWN, SUSAN T STREET ADDRESS 3802 PARKMONT AVENUE CITY-ST-ZIP BALTIMOR, MD 21206 DO NOT WRITE	
TITLE D IN THIS SPACE NAME BROWN, STEVEN L STREET ADDRESS 1706 E. COPPER STREET TUCSON, AZ 85719	
TITLE D NAME JAMROG, NANCY A STREET ADDRESS 3127 N TERRELL PLACE CITY-ST-ZIP TUCSON, AZ 85716	

12. I hereby certify that the information supplied with this filling 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 cath; 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

DOWNER PRO OR PRINTED NAME OF SIGNING PROPERTOR CIRCUTOR CIRC