## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 14, 2008 08:00 AN Secretary of State **DOCUMENT # P96000075629** 1. Entity Name BROWN BEAR PUBLISHING CO. Principal Place of Business Mailing Address POST OFFICE BOX 92411 POST OFFICE BOX 92411 LANELAND, FL 33805 LAKELAND, FL 33805 No Chg-P CR2E034 (11/05) 02292008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3405503 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, WALTER L DO NOT WRITE 337 VALLEJO COURT LAKELAND, FL 33809 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 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITI F BROWN, WALTER L. 3MAN 337 VALLEJO CT. STREET ADDRESS LAKELAND, FL CITY-ST-ZIP 000000893523 04/23/08-80109-021 150.00 VΡ TITLE JACKSON, PHYLLIS S. NAME STREET ADDRESS 27391 SPRING ARBOR DR. CITY-ST-ZIP SOUTHFIELD, MI TITLE NAME FENNICK, YVONNE STREET ADDRESS 75 MCLEAN DO NOT WRITE HIGHLAND PARK, MI CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SUMMATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-11-08 863-815-1320

Daytime Phone #

FILED