2007 ~~2006~~ FOR PROFIT CORPORATION ~~AMENDED~~ ANNUAL REPORT

DOCUMENT # P97000028756

1. Entity Name
BRIN CO.

FILED
07 JAN -8 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5030 CHAMPION BLVD SUITE G-13 BOCA RATON, FL 33496	5030 CHAMPION BLVD SUITE G-13 BOCA RATON, FL 33496

12192006 Chg-P CR2E034 (12/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0740668 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAPELL, FRANCES 5030 CHAMPION BLVD SUITE G-13 BOCA RATON, FL 33496	Name: Marita Bell Street Address (P.O. Box Number is Not Acceptable): 5030 Champion Blvd Suite G13 City: Boca Raton FL Zip Code: 33496

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] January 2 2007

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution ☐ $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	P PAPELL, FRANCES 21747 WESTMONT CT BOCA RATON, FL 33428 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Marita Bell — 5030 Champion blvd 913 boca raton FL 33496 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PAPELL, BENJAMIN 21747 WESTMONT CT BOCA RATON, FL 33428 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000083216140 01/04/07--01032--006 **150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 electronic 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] 1-2-07.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #