


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90018 022 ***158.75

DOCUMENT # P97000052111

1. Entity Name
BRICK MASONS INC.



Principal Place of Business
 2241 ST. DUNSTON LANE
 MELBOURNE, FL 32935

Mailing Address
 2241 ST. DUNSTON LANE
 MELBOURNE, FL 32935

50004955



2. Principal Place of Business
3330 Harlock Rd.
 Suite, Apt. #, etc.
DE

3. Mailing Address
3330 Harlock Rd.
 Suite, Apt. #, etc.
MELBOURNE, FL 32934

03082006 Chg-P CR2E034 (11/05)

City & State
Melbourne FLA.

4. FEI Number
59-3452529

Applied For
 Not Applicable

Zip
32934

Country
BREVARD

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ADAMS, TOMMY H
 2241 ST. DUNSTON LANE
 MELBOURNE, FL 32935


7. Name and Address of New Registered Agent

Name **Tommy H. Adams**

Street Address (P.O. Box Number is Not Acceptable)
3330 Harlock Rd.

City **Melbourne, Fla.** FL Zip Code **32934**

B. 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  DATE _____

(NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ADAMS, TOMMY H	
STREET ADDRESS	2241 ST. DUNSTON LANE	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLOSSOM, JOHN	
STREET ADDRESS	914 GOLDEN BCH BLVD	
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32937	
TITLE	S	<input type="checkbox"/> Delete
NAME	FARMER, PATRICK	
STREET ADDRESS	1107 STEVEN PATRICK AVE	
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tommy H. Adams	
STREET ADDRESS	3330 HARLOCK Rd.	
CITY-ST-ZIP	MELBOURNE, FLA 32935	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN BLOSSOM	
STREET ADDRESS	573 Tupelo Dr.	
CITY-ST-ZIP	MELBOURNE, FLA. 32935	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK FARMER	
STREET ADDRESS	1107 STEVEN PATRICK AVE	
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:  DATE: _____ DAYTONS FEE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR