## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2006 08:00 AN Secretary of State **DOCUMENT # P97000059522** THE BROWARD COMPANIES, INC. Principal Place of Business Mailing Address **451 MILL SPRINGS LANE 451 MILL SPRINGS LANE** PLANTATION, FL 33325 PLANTATION, FL 33325 US No Cha-P CR2E034 (11/05) 04262006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0777825 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MASSEY, GEORGE DO NOT WRITE 451 MILL SPRINGS LANE PLANTATION, FL 33325 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 DATE (NOTE Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MASSEY, GEORGE 451 MILL SPRINGS LANE STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33325 TITLE U000000540716 MASSEY, SANDRA L NAME 05/10/06-80029-006 150.00 STREET ADDRESS 451 MILL SPRINGS LANE PLANTATION, FL 33325 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 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 changed, or on an attacpment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

LAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U-26.06 (954)473.2567

Date Daytime Phone •

**FILED**