

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90026 022 \*\*\*150.00

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05042006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P97000064259</b> 1. Entity Name <b>BRUNT &amp; COMPANY, INC.</b>			
Principal Place of Business 6301 BISCAYNE BLVD SUITE 108-110 SJB MIAMI, FL 33138 US		Mailing Address 6301 BISCAYNE BLVD SUITE 108-110 SJB MIAMI, FL 33138 US	
2. Principal Place of Business <i>149 West Plaza</i> Suite, Apt. #, etc. <i>Suite #210</i> City & State <i>Miami, FL</i> Zip <i>33147</i> Country <i>33147</i>		3. Mailing Address <i>149 West Plaza</i> Suite, Apt. #, etc. <i>Suite #210</i> City & State <i>Miami, FL</i> Zip Country	
4. FEI Number <b>65-0769974</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required -	
6. Name and Address of Current Registered Agent  <b>BRUNT, SAMUEL J</b> <del>8408 S.W. 208TH STREET</del> <del>MIAMI, FL 33189</del>		7. Name and Address of New Registered Agent Name <i>Samuel J. Brunt</i> Street Address (P.O. Box Number is Not Acceptable) <i>149 West Plaza</i> <i>Suite #210</i> City <i>Miami</i> <b>FL</b> Zip Code <i>33147</i>	
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 <i>Samuel J. Brunt</i> <i>August 28, 2006</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNT, SAMUEL J 8408 S.W. 208TH STREET MIAMI, FL 33189	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>149 West Plaza, Suite #210</i> <i>Miami, FL 33147</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Samuel J. Brunt</i>		<i>Samuel J. Brunt</i> <i>8/28/06</i> <i>(305) 696-5974</i> <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	