


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000018388		
1. Entity Name BRICE CAPITAL ENTERPRISES, INC.		
Principal Place of Business 1988 GULF TO BAY BLVD 2ND FL CLEARWATER, FL 33760		Mailing Address Y1988 GULF TO BAY BLVD 2ND FL CLEARWATER, FL 33760
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRICE, THOMAS R 1988 GULF TO BAY BLVD 2ND FL CLEARWATER, FL 33765		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP BRICE, THOMAS R 18914 PLACE MARQUETTE LUTZ, FL 33558	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BRICE, JULIE A 18914 PLACE MARQUETTE LUTZ, FL 33558	
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TITLE 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: <u>Thomas R. Brice</u>		<u>3/29/07</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3510765	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000683682
04/06/07-80002-007 150.00

**DO NOT WRITE
IN THIS SPACE**