## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 18, 2005 8:00 am Secretary of State 01-18-2005 90064 041 \*\*\*150.00

Procedul Place of Business 33 NORTHEAST 2ND STREET SUIT 20 STREET SUIT 2ND STR	1. Entity Name	VIEN I # P9000040 ARSHALL BROWN, P.A.	J96 I							
Suite, Apt. 4, etc.    O1142005   ChgP   CR2E534 (10/05)   City & State   City & State   City & State   City & State   Affine For   Applied For   BS-0834534   Recapited For   Applied For   BS-0834534   Recapited For   BS-083454   Recap	33 NORTHEA Suite 208	ST 2ND STREET	33 NORTHEAST 2ND S Suite 208	33 NORTHEAST 2ND STREET Suite 208			t adliki iwiti dwiti dwiti akezi			
City & State  City & State  City & State  Country  Zip  Country  8. Centilicate of Status Desired   Most Applicable   Number   See Applicable   Number   See Applicable   Number   See Applicable	Principal Place of Business     3. Mailing Add			g Address						
St. Applicable   St. Applicable   St. Continue of Status Desired   St. 75 Applicable	Suite, Apt.	#, etc.	Suite. Apt. #, etc.		01142005	Chg-P	CR2E034 (1	10/03)		
BROWN, DAVID MARSHALL 33 NORTHEAST 2ND STREET Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named exity automis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept me obligations of registered agent.  Signature:  FILE NOWILI FEE IS \$150,00 After May 1, 2005 Fee will be \$550,00  OFFICERS AND DIFECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 1  THE BOWN, DAVID MARSHALL SHET AUDRES OFFI-ST-P  ONVIE, FL 33314  OFFICER STATE DOVIE, FL 33314  OFFICERS AND DIFECTORS IN 1  INE OBES  INE AUDRES OFFI-ST-P  ONVIE, FL 33314  OFFICERS AND DIFECTORS IN 1  INE OBES  INE AUDRES OFFI-ST-P  ONVIE, FL 33314  OFFICERS OFFI-ST-P  ONVIER AUDRES OFFI-ST-P  ONVIER AUDRES OFFI-ST-P  ONVIER AU	City & State		City & State							
Name	Zip	Zip Country Zip		Count	try	5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entily suchnist this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept its outgations of registered agent, or both in the State of Florida. I am familiar with, and accept its outgations of registered agent, or both in the State of Florida. I am familiar with, and accept its outgations of registered agent. Or both in the State of Florida. I am familiar with, and accept its outgations of registered agent. Or both in the State of Florida. I am familiar with, and accept its outgations of registered agent. Or both in the State of Florida. I am familiar with, and accept its outgations of registered agent. Or both in the State of Florida. I am familiar with, and accept its outgations of registered agent. Or both in the State of Florida. I am familiar with, and accept its outgations of registered agent. Or both in the State of Florida. I am familiar with, and accept its outgations of registered agent. Or both in the State of Florida. I am familiar with, and accept its outgations of registered agent. Or both in the State of Florida. I am familiar with, and accept its outgations of registered agent. Or both in the State of Florida. I am familiar with, and accept its outgation of registered agent. Or both in the State of Florida. I am familiar with, and accept its outgation of the State of Florida. I am familiar with, and accept its outgation of Florida State of Florida. I am familiar with, and accept its outgation of Florida State of Florida. I am familiar with an an officer of director of the program of the progra		6. Name and Address of Current	Registered Agent		Name .	7. Name and	Address of New R	egistered Agen	<u>t</u>	
City   FL   Zip Code    8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   Synatra, tiped to accept one of registered agent.   POTE Requirers Agent agent or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.    FILE NOWITH FEE IS \$150.00   POTE Requirers Agent agent or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent.    FILE NOWITH FEE IS \$150.00   POTE REQUIRER Agent agent or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. In the familiar with, and accept the obligation of registered agent, or both, in the State of Florids. In the familiar with, and accept the purpose of Changing In the Country of Change   Addition    FILE NOWITH FEE IS \$150.00   POTE Agent	33 NORTHEAST 2ND STREET				Street Address (P.O. Box Number is Not Acceptable)					
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. Tem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligation of the copy and the state of Registered office or registered agent, or both, in the State of Florida. Tem familiar with, and accept the purpose of the copy and the state of Registered office or registered agent, or both, in the State of Florida Statutes of Florida Statutes. In with the information of the copy and the state of Registered of Statutes of Plorida Statutes. In white register of the copy and accurate and that my signature shall have the same legal effect as if made under cash; that in an enfirer or direct or of the copy accept or supplemental regent is the end accurate and that my signature shall have the same legal effect as if made under cash; that it is an enfirer or direct or of the copy accept or supplemental regent is the end accurate and that my signature shall have the same legal effect as if made under cas										
In explications of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$150.00	 		·	<u>`</u>	L			FL	,	
TITLE MAME SIREET ADDRESS CITY-ST-ZP DAVIE, FL 33314  Delete TITLE MAME SIREET ADDRESS CITY-ST-ZP TITLE MAME SIRET ADDRESS CITY	SIGNATURE_	Signature, typed or printed name of registered agent	9. Election Campa	aign Finar	ncing _ \$	5.00 May Be		DATE		
BROWN DAVID MARSHALL   STREET ADDRESS   CITY-ST-ZP    Change   Addition	10.	OFFICERS AND	DIRECTORS	11.	_ <del></del>	ADDITIONS	CHANGES TO OFF	ICERS AND DIR	ECTORS	SIN 11
NAME SIREET ADDRESS CITY-ST-ZIP    Delete	NAME STREET ADDRESS	BROWN, DAVID MARSHALL 4435 SW 72ND TERR	Delete	NAM. STRE	E Br	3 Sed. 5			Change ,	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is the 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 trusted 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.	NAME STREET ADDRESS		☐ Delete	NAM Stre	EET ADDRESS				Change	☐ Addition
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 trusted 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.	NAME STREET ADDRESS		☐ Delete	NAM STRE	EET ADDRESS				Change	☐ Addition
	indicated of the cor changed	on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	th this filing does not qualify is is true and accurate and that powered to execute this repo with all other like empowere	or the exe my signa rt as requi d.	emption stated in ture shall have t ired by Chapter	n Section 119.07(3) the same legal effe 607, Florida Statut	ct as if made under es: and that my nam	oath; that I am a le appears in Blo	in officer ock 10 or	or director r Block 11 if