2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 13, 2006 08:00 AM DOCUMENT # P98000048917 **Secretary of State** 1. Entity Name RICHARD L. BRYANT ASSOCIATES, INC. Principal Place of Business Mailing Address 468 NORTHWEST 38TH TERRACE DEERFIELD BEACH FL 33442 468 NORTHWEST 38TH TERRACE DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0840815 Not Applicable Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRYANT, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 468 N.W. 38TH TERRACE DEERFIELD BEACH FL 33442 City Zìo Code 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 presed noise of registered agent and time if applicable (NOTE: Registered Age:n signature required when revisitating) DATE FILE NOW!!! FEE IS \$150,00 Election Campaign Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. mu TITLE Change ☐ Addition ☐ Detete NAME BRYANT, RICHARD L MAME 1,000000485048 STREET ADDRESS 468 NORTHWEST 38TH TERRACE STREET ADDRESS 03/22/06-80020-007 150.00 DEERFIELD BEACH FL 33442 CITY-ST-ZR CITY-ST-ZIP VS ☐ Delete TITLE Change ☐ Addition TRUE NAM BRYANT, CAROLE MARKE STREET ADDRESS STREET ADDRESS 468 NW 38 TERR CITY-ST-ZIP CITY-S1-21P DEERFIELD BEACH FL 33442 uuc ☐ Detete 10515 [_] Change Addition NAME STHLET ADDINESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition | STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CATY - \$1 - ZIP IIILE ☐ Delete BILE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the Information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes 1 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 truesee 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 ay address, with all other tike empowered.

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