2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 13, 2007 08:00 AM Secretary of State DOCUMENT # P98000073858 1. Entity Name BRENDAN DONOVAN INC. Principal Place of Business Mailing Address 1100 S. FEDERAL HWY., STE. 4 BOYNTON BEACH FL 33435 1100 S. FEDERAL HWY., STE. 4 **BOYNTON BEACH FL 33435** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 65-0859672 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONOVAN, BRENDAN 1100 S. FEDERAL HWY., STE. 4 Street Address (P.O. Box Number is Not Acceptable) BOYNTON BEACH FL 33435 Zip 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. EITLE Delete Addition TIME Change DONOVAN, BRENDAN NAME NAME 1100 S. FEDERAL HWY., STE. 4 STREET ADDRESS STREET ADDRESS U00000705350 **BOYNTON BEACH FL 33435** CITY-ST-7IP CITY-ST-ZIP 04/23/07-80049-002 150.00 TITLE Delete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete IIIE Change Addition NAME NAME STRUET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-7IP HILL ☐ Delete IIILE Change ☐ Addition NAME NAME STRUET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete mil ☐ Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath; 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: BULL OF DIVIDUO DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTO

Brendan Dowouan

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