## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment

SIGNATURE:

## Apr 19, 2007 8:00 am Secretary of State **DOCUMENT # P99000054359** 1. Entity Name 04-19-2007 90195 028 \*\*\*150.00 BRD REALTY, INC. Principal Place of Business Mailing Address 3416 N. OCEAN BLVD 2756 NE 18 ST FORT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33305 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0928517 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent N: 11: am Vauson DAWSON, DOUGLAS J Street Address (P.O. Box Number is Not Acceptable) 3416 N. OCEAN BLVD 57 \_911 マド FORT LAUDERDALE, FL 33308 City F+. audendale 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 # applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. $\Box$ Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete ΠΠF ☐ Change ☐ Addition DAWSON, DOUGLAS J NAME STREET ADDRESS 3416 N. OCEAN BLVD STREET ADDRESS CITY+ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME DAWSON, WILLIAM B 3416 N. OCEAN BLVD STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33308 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME EAGAN, RODNEY E 3414 N. OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE ППЕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

other like empowered

E OF SIGNING OFFICER OR DIRECTOR