

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90430 021 \*\*\*150.00

DOCUMENT # P99000074448

1. Entity Name  
D/T BRUSHWORKS, INC.



Principal Place of Business Mailing Address  
400 A N. FLAGLER DR. 1805 N. FLAGLER DR.  
WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33407 US

2. Principal Place of Business - No P.O. Box #  
400 A N. Flagler Dr  
Suite, Apt. #, etc.  
# 325  
City & State  
West Palm Beach  
Zip  
33401  
Country  
U.S.

3. Mailing Address  
245 9th St  
Suite, Apt. #, etc.  
City & State  
West Palm Beach  
Zip  
33401  
Country  
US



03132007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0943206  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SMITH, RONALD  
400 A N. FLAGLER DR.  
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent  
Name  
Ron Smith  
Street Address (P.O. Box Number is Not Acceptable)  
245 9th St  
City  
West Palm Beach FL Zip Code  
33401

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 *Ronald Smith* RONALD SMITH 3/26/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May-1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, RONALD	
STREET ADDRESS	400 A N. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, MARTHA	
STREET ADDRESS	400 A N. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Smith	
STREET ADDRESS	245 9th St	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martha Smith	
STREET ADDRESS	245 9th St	
CITY-ST-ZIP	West Palm Beach FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ronald Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561  
3/27/07 832-8278  
Date Daytime Phone #