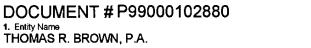
2007 FOR PROFIT CORPORATION ANNUAL REPORT





FILED Jan 17, 2007 8:00 am Secretary of State 01-17-2007 90051 049 ***150.00

THOMAS R. BROWN, P.A.							
Principal Place of Business 2345 STANFORD CT STE 603 NAPLES, FL 34112		Mailing Address 2345 STANFORD CT STE 603 NAPLES, FL 34112					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007	Chg-P	CR2E034 (12/00	3)
City & State		City & State		4. FEI Numb		⊢	Applied For Not Applicable
Zip	Country	Zip (Country	5. Certificate	of Status Desired	□ \$8.75 A Fee Requ	
6. Name and Address of Current		* * * * * * * * * * * * * * * * * * *		7. Name and Address of New Registered Agent			
PPOWN T	TUOMAS D		Name				
BROWN, THOMAS R 2345 STANFOR CT. STE 603 NAPLES, FL 34112		Street Address		(P.O. Box Number is Not Acceptable)			
	,		City			FL Zip C	ode
The shows	named antity submits this statement to	- the number of changing its roy	eletered office or regists	d account or bu	in the State of Ele	FL	
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 a	egistered Agent signature require	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFFI	ICERS AND DIRECTO	ORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, THOMAS R 2660 AIRPORT RD., SOUTH NAPLES, FL 34112	∑ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	pe 🔲 Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	D BROWN, THOMAS R 2345 STANFORD CT. STE 603 NAPLES, FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🔲 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	☐ Chang	
12. I hereby of indicated	certify that the information supplied with lon this report or supplemental report is	this filing does not qualify for the true and accurate and that my	ne exemptions containe signature shall have the	∌d in Chapter 11 ∍ same legal eff∈	 Florida Statutes. I oct as if made under o 	further certify that the bath; that I am an office	e information cer 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:

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

(239/774 3333