


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000080922</b> 1. Entity Name <b>BROWN GROUP, INC.</b>	
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Principal Place of Business <b>1507 LAKELAND HILLS BLVD. SUITE 101 LAKELAND, FL 33805 US</b>	Mailing Address <b>1507 LAKELAND HILLS BLVD. SUITE 101 LAKELAND, FL 33805 US</b>
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**DO NOT WRITE IN THIS SPACE**



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3400742</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**BARKER, HAROLD E  
DICESARE DAVIDSON & BARKER, PA  
5640 S FLORIDA AVENUE  
LAKELAND, FL 33813**

**DO NOT WRITE IN THIS SPACE**

**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 ON FILE \_\_\_\_\_ DATE \_\_\_\_\_  
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  
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 NAME STREET ADDRESS CITY-ST-ZIP	OD BROWN, DEBRA 1436 HAMMOCK SHADE DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DEBRA A 1436 HAMMOCK SHADE DRIVE LAKELAND, FL 33809
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03/29/07-80007-023 158.75

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**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:** Debra Brown **3-16-07** **863-682-6608**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #