

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 173884

FILED  
Feb 26, 2006  
Secretary of State

Entity Name: BRITRALE CONSULTANTS, INC.

**Current Principal Place of Business:**

5814 CINZANO COURT  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

6017 PINE RIDGE RD #170  
NAPLES, FL 341193956 US

**New Mailing Address:**

FEI Number: 59-0701685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RALEY, JAMES M.  
5814 CINZANO COURT  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CDT ( ) Delete  
Name: RALEY, JAMES M., JR.,  
Address: 5814 CINZANO CT  
City-St-Zip: NAPLES, FL 34119 US

Title: VDS ( ) Delete  
Name: BRITTON, WILLIAM R., JR.  
Address: 6745 N. BALTUSROL LANE  
City-St-Zip: CHARLOTTE, NC 28210 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M RALEY JR

CDT

02/26/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date