

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90112 006 \*\*\*158.75



**DOCUMENT # 226426**  
 1. Entity Name  
**BRUNA INVESTMENT CORPORATION**

Principal Place of Business Mailing Address  
 631 N E 45TH STREET 631 N E 45TH STREET  
 FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

4. FEI Number **59-0895344** Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**DONLEY, FRANK**  
**631 NE 45TH ST**  
**FORT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent  
 Name **James Donley**  
 Street Address (P.O. Box Number is Not Acceptable)  
**267 NE 41st ST**  
 City **Pompano Bch, FL 33334 FL** Zip Code **33334**

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 James Donley James Donley DATE 4-5-06  
Signature, type or printed name of registered agent and legal applicability (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	DONLEY, BETH JOANNE	
STREET ADDRESS	267 NE 41 ST.	
CITY-ST-ZIP	POMPAHO BEACH FL 33334	
TITLE	V	<input type="checkbox"/> Delete
NAME	DONLEY, JAMES BRYAN	
STREET ADDRESS	267 NE 41ST STREET	
CITY-ST-ZIP	POMPAHO BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DONLEY, FRANK	
STREET ADDRESS	631 NE 45TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Donley	
STREET ADDRESS	267 NE 41st ST	
CITY-ST-ZIP	Pompano Bch, FL 33064	
TITLE	Beth Donley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beth Donley	
STREET ADDRESS	267 NE 41st ST.	
CITY-ST-ZIP	Pompano Bch, FL 33064	
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 Section 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: Beth Donley Beth Donley DATE 4-5-06 954-8163246  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #