


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 524246**  
 1. Entity Name  
**BRAEBURN, INC.**



Principal Place of Business: **1440 SOUTH OCEAN BLVD. 14A POMPANO BEACH FL 33062 US**  
 Mailing Address: **1 HAMILTON ST. S. POST OFFICE BOX 1120 WATERDOWN, ONT. CAN. L0R 2H0**

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

City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
**FRALEIGH, WILLIAM P.  
 1440 S. OCEAN BLVD.  
 14A  
 POMPANO BEACH FL 33062**

4. FEI Number: **65-0566207**  
 Applied For:  Not Applicable

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE: P	NAME: FRALEIGH, WILLIAM P. Delete <input type="checkbox"/>
STREET ADDRESS: 265 MILL ST. S.	
CITY-ST-ZIP: WATERDOWN, ONT, CANADA L0R-2H0	
TITLE: ST	NAME: DEMAINS, HELEN Delete <input type="checkbox"/>
STREET ADDRESS: 943 GLEN ACRES CT	
CITY-ST-ZIP: BURLINGTON, ONT, CANADA L7T-3E1	
TITLE: D	NAME: FRALEIGH, DOREEN Delete <input type="checkbox"/>
STREET ADDRESS: 265 MILL ST. S.	
CITY-ST-ZIP: WATERDOWN, ONT, CANADA L0R-2M0	
TITLE: D	NAME: FRALEIGH, GREGORY Delete <input type="checkbox"/>
STREET ADDRESS: P.O. BOX 1120, 1 HAMILTON ST. S.	
CITY-ST-ZIP: WATERDOWN, ONT. CA l0r- 2h0	
TITLE: _____	NAME: _____ Delete <input type="checkbox"/>
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____ Delete <input type="checkbox"/>
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	NAME: _____ Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____ Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____ Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____ Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Heleen Demains Date: March 3/04 905-689-7341-EX