

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 524246

1. Entity Name

BRAEBURN, INC.



FILED

05 MAY 25 AM 9:47

CALLAHAN, ANDREW W.
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

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

4. FEI Number 65-0566207 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
FRALEIGH, WILLIAM P.
1440 S. OCEAN BLVD.
14A
POMPANO BEACH FL 33062

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 _____
Signature, typed or printed name of registered agent and title if applicable (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRALEIGH, WILLIAM P.	NAME	
STREET ADDRESS	265 MILL ST. S.	STREET ADDRESS	700055717847
CITY-ST-ZIP	WATERDOWN, ONT, CANADA L0R-2H0	CITY-ST-ZIP	06/03/05--01050--010 **150.00
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMAINS, HELEN	NAME	
STREET ADDRESS	943 GLEN ACRES CT	STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON, ONT, CANADA L7T-3E1	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRALEIGH, DOREEN	NAME	
STREET ADDRESS	265 MILL ST. S.	STREET ADDRESS	
CITY-ST-ZIP	WATERDOWN, ONT, CANADA L0R-2M0	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRALEIGH, GREGORY	NAME	
STREET ADDRESS	P.O. BOX 1120, 1 HAMILTON ST. S.	STREET ADDRESS	
CITY-ST-ZIP	WATERDOWN, ONT. CA l0r- 2h0	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 executing 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: *Shawn McMain* *May 18/05* *March 3/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

FROM - DE <i>Heidi Mair Braiburne</i>	DEPARTMENT - DÉPARTEMENT
TO <i>Division of Corporations Annual Report Section P.O. BOX 6850 Tallahassee FL 32314</i>	DATE <i>May 18/05</i>
	SUBJECT - SUJET <i>Annual Return YE 2005</i>

MESSAGE
To whom it may concern,

*I treat this as
satisfactory and
trust there will
be no penalty
for late filing*

The enclosed filing fee of 150.00 -
We have had a problem on receiving form
for filing 2005 YE

① We requested by mail form on March 29/05 -
have not received to date - mailed card
to P.O. BOX 6198
32314-6198

② Tried to download without success.

③ Tried to phone - no answer
4 times 1-800-829-3676

If these forms were not mailed please set up
in your files forms are required
as there as been no change from the 2004 YE
or newsletters I am mailing some form for 2005 YE