## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2008 08:00 AN Secretary of State

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DOCUMENT # 524246  1. Entity Name BRAEBURN, INC.								
Principal Place of Business 1440 SOUTH OCEAN BLVD. 14A	Mailing Address 1 HAM(LTON ST. S. 0 BOX 1120, WATERDOWN, ONTARIO, CANADA							
POMPANO BEACH, FL 33062 US	LOR 2HO, XX	·						

POMPANO BEACH, FL 33062  IN 1HIS SPACE  In 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. In the florida. I am familiar with, and accept the florida. In the florida. I am familiar with, and accept the florida. I am familiar with, and accept the florida. I am familiar with accept the florida. In the	Principal Pla	ace of Business	Mailing Address					
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After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  D. OFFICERS AND DIRECTORS  D. OFFICERS AND DIRECTORS  D. WALL ST. S. WATERDOWN, ONT, CANADA, LOR2HO  D. WALL ST. S. WATERDOWN, ONT, CANADA, LOR2MO  D. WALL ST. S. WATERDOWN, ONT, CA IOT 2PID  D. WALL ST. S. WATERDOWN, ONT, CA IOT 2PID  D. WALL ST. S. WATERDOWN, ONT, CA IOT 2PID  D. WALL ST. S. WATERDOWN, ONT, CA IOT 2PID  D. WATERDOWN, ONT, CA IOT 2PID  D. WALL ST. S. WATERDOWN, ONT, CA IOT 2PID  D. WALL ST. S. WATERDOWN, ONT, CA IOT 2PID  D. WALL ST. S. WATERDOWN, ONT, CA IOT 2PID  D. WALL ST. S. WATERDOWN, ONT, CA IOT 2PID  D. WALL ST. S. WALL ST								
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2. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	ITY-ST-ZIP	·		1.			المراه أهالي	
	2.   hereby c	ertity that the information supplied with this	illing does not qualify for the exer	motions contained i	in Chapter 119, I	Florida Statutes. I f	urther certily that	at the information

The body centry that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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