


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # 524246 1. Entity Name BRAEBURN, INC.	
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Principal Place of Business 1440 SOUTH OCEAN BLVD. 14A POMPANO BEACH, FL 33062 US	Mailing Address 1 HAMILTON ST. S. O BOX 1120, WATERDOWN, ONTARIO, CANADA LOR 2H0, XX
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**DO NOT WRITE IN THIS SPACE**

01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0566207	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRALEIGH, WILLIAM P. 265 MILL ST. S. WATERDOWN, ONT, CANADA, L0R2H0
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DEMAINS, HELEN 943 GLEN ACRES CT BURLINGTON, ONT, CANADA, L7T3E1
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRALEIGH, DOREEN 265 MILL ST. S. WATERDOWN, ONT, CANADA, L0R2M0
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRALEIGH, GREGORY P.O. BOX 1120, 1 HAMILTON ST. S. WATERDOWN, ONT., CA L0R 2H0
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/06/09-80050-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 M. Main Sr. Date: Jan 22/08 Davine Phone # 905-689-7341  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR