## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 524246**

City-St-Zip:

Entity Name: BRAEBURN, INC.

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
14A	TH OCEAN BLV BEACH, FL 33				
Current Mailing Address:			New Mailing Address:		
1 HAMILTO O BOX 112 LOR 2H0,	ON ST. S. 20, WATERDOV XX	WN, ONTARIO, CANADA	1 HAMILTON ST. S. P.O. BOX 1120, WATEF WATERDOWN, ON LO		
FEI Number:	65-0566207	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1440 S. OC 14A	I, WILLIAM P. CEAN BLVD. DBEACH, FL 33	3062 US			
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.					
SIGNATURE:					
Electronic Signature of Registered Agent			t	Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FRALEIGH, WILL 265 MILL ST. S.	Delete LIAM P., ONT, CANADA, L0R2H0	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	DEMAINS, HELEI 943 GLEN ACRE		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	FRALEIGH, DOR 265 MILL ST. S.	Delete REEN ONT, CANADA, L0R2M0	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address:	FRALEIGH, GRE	Delete GORY 1 HAMILTON ST. S.	Title: ( Name: Address:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: HELEN DEMAINS MRS. 01/12/2009

WATERDOWN, ONT., CA LOR 2H0