

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90062 009 ***150.00

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.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

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

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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, 2003 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	<input type="checkbox"/> Delete
NAME	FRALEIGH, WILLIAM P.	
STREET ADDRESS	265 MILL ST. S.	
CITY-ST-ZIP	WATERDOWN, ONT, CANADA L0R-2H0	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DEMAINS, HELEN	
STREET ADDRESS	943 GLEN ACRES CT	
CITY-ST-ZIP	BURLINGTON, ONT, CANADA L7T-3E1	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRALEIGH, DOREEN	
STREET ADDRESS	265 MILL ST. S.	
CITY-ST-ZIP	WATERDOWN, ONT, CANADA L0R-2H0	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRALEIGH, GREGORY	
STREET ADDRESS	1878 CENTRE RD.	
CITY-ST-ZIP	CARLISLE, ONT, CANADA L0R-1H0	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 1120 1 HAMILTON ST. S.	
CITY-ST-ZIP	WATERDOWN, ONT CANADA L0R-2H0	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HELEN DEMAINS S/T.

Date **Feb. 24/03** Daytime Phone # **905-689-7341**

CR2E034 (10/02)