


**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**



1st MOORE CR2E037 (10/05)

<b>DOCUMENT # 746253</b>					
1. Entity Name <b>THE BRANCHES, INC.</b>					
Principal Place of Business <b>7210 BOICE ST ORLANDO FL 32809</b>			Mailing Address <b>7210 BOICE ST ORLANDO FL 32809</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2966292</b>	
				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			7. Name and Address of New Registered Agent		
<b>TURNAGE, ROY B 136 N LANCELOT ORLANDO FL 32805</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	U00000447876 <input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	TURNAGE, ROY B		NAME	03/08/06-80075-015 61.25	
STREET ADDRESS	136 N LANCELOT		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	IRBY, STEVE D		NAME		
STREET ADDRESS	7210 BOICE ST		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	IRELAND, QUINTIN		NAME		
STREET ADDRESS	P.O. BOX 616536, 1350 NEWELL AVE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32861		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	IRLAND, BOB		NAME		
STREET ADDRESS	P O BOX 616536 13 50 NEWELL AVE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32861		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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"/> Add	
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 exemptions contained in Section 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 617, 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.