


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

| | |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 746253 1. Entity Name THE BRANCHES, INC. |  |
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| Principal Place of Business 7210 BOICE ST ORLANDO FL 32809 | Mailing Address 7210 BOICE ST ORLANDO FL 32809 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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1st MOORE CR2E037 (10/07)

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|--------------|--------------|------------------------------------|--------------------------------------------------------|
| City & State | City & State | 4. FEI Number 59-2966292 | Applied For <input type="checkbox"/> Not Applicable |
|--------------|--------------|------------------------------------|--------------------------------------------------------|

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|-----|---------|-----|---------|-------------------------------------------------------------------------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|-----|---------|-----|---------|-------------------------------------------------------------------------------------------------|

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| 6. Name and Address of Current Registered Agent TURNAGE, ROY B 136 N LANCELOT ORLANDO FL 32805 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 (if not applicable) (NOTE: Registered Agent signature is not required when re-registering)

| | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| TITLE | PD TURNAGE, ROY B 136 N LANCELOT ORLANDO FL | TITLE | U00000930520 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/21/08-80111-015 61.25 |
| NAME | <input type="checkbox"/> Delete | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Addition |
| 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"/> Addition |
| NAME | IRLAND, BOB | NAME | |
| STREET ADDRESS | P O BOX 616536 13 SO 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"/> Addition |
| 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"/> Addition |
| 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.

SIGNATURE: 