2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000002311

Entity Name

BRADLEY-MORRIS, INC.



FILED Feb 02, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1825 BARRETT LAKES BLVD., SUITE 300 KENNESAW, GA 30144

1825 BARRETT LAKES BLVD., SUITE 300 KENNESAW, GA 30144



DO	NOT	WRIT	EIN	THIS	SPACE

01242007 No Chg-P		CR2E034 (11/05)		
4. FEI Number			Applied For	
58-1951	473		Not Applicable	
5. Certificate o	f Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CLARK, GLENN 9270 WEST MARLASUE STREET CRYSTAL RIVER, FL 34428

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.								
SIGNATURE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				U00000618288 02/08/07-80023-018 150.00				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIREC P BRADLEY, SHAUN 3039 OLD MYSTIC TRAIL ACWORTH, GA 30102	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, SANDRA A 960 MOUNTAIN PARK CIRCLE KENNESAW, GA 30152							
TITLE NAME STREET AOORESS CITY-ST-ZIP			DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Specification of the second of the second	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Constant of the constant of th					
TITLE NAME	`							

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

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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1-24-07

4152 HED-

Daytime Phone #