


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90042 032 ***150.00

DOCUMENT # F0400000280

1. Entity Name
T. BRESNER ASSOCIATES, INC.



Principal Place of Business Mailing Address

**11 SUMMIT STREET
HASTINGS ON HUDSON NY 10706** **1658 S. OCEAN LANE
146
FORT LAUDERDALE FL 33316**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

40 Ashley Road **1817 Marietta Drive**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Hastings on Hudson, NY **Ft. Lauderdale, FL**

Zip Country Zip Country

10706 **USA** **33316** **USA**



1st MOORE CR2E034 (10/07)

4. FEI Number Applied For

13-3582729 Not Applicable

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

6. Name and Address of Current Registered Agent

**BLANKENBAKER, DANA R
1658 S. OCEAN LANE, #146
FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name **Dana R. Blankenbaker**

Street Address (P.O. Box Number is Not Acceptable)
**1817 Marietta Drive
(Marietta)**

City **Ft. Lauderdale** **FL** Zip Code **33316**

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 *Dana Blankenbaker* DATE **3/17/08**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	BRESNER, TRUDI C	40 ASHLEY ROAD	HASTINGS ON HUDSON NY 10706	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: *Dana Blankenbaker* DATE **3/17/08** DAYCARE PHONE # **917-549-3223**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daycare Phone #