

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90014 024 ****70.00

DOCUMENT # N97000004894 1. Entity Name BRAIN COMMUNICATION RESEARCH, INC.			
Principal Place of Business 1571 NE 47TH STREET FORT LAUDERDALE, FL 33334		Mailing Address 1571 NE 47TH STREET FORT LAUDERDALE, FL 33334	
2. Principal Place of Business 370 NW 76TH AVENUE Suite, Apt. #, etc. #404		3. Mailing Address 370 NW 76TH AVENUE Suite, Apt. #, etc. #404	
City & State MARGATE, FL Zip 33063		City & State MARGATE, FL Zip 33063	
Country USA		Country USA	
4. FEI Number 65-0777370		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIBOW, ALLEN H 301 YAMATO ROAD SUITE 4199 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution.	
\$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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HEDGES, RHEY C/O 1571 NE 47TH STREET FORT LAUDERDALE, FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C/O 370 NW 76TH AVE #404 MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GOLDSHEID, GENE C/O 1571 NE 47TH STREET FORT LAUDERDALE, FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FINE, GERALD J C/O 1571 NE 47TH STREET FORT LAUDERDALE, FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>Rhey W. Hedges</i> RHEY W. HEDGES		Date: AUG 29, '05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 954-968-3932	

ATTACHMENT 52064627
N97000004894

BRAIN COMMUNICATION RESEARCH, INC.

LIFE-SUPPORT... LOW-VISION AIDS

24 HOUR TEL/FAX: (954) 969-7164

August 29, 2005

DIVISION OF CORPORATIONS

P.O. BOX 1500

Tallahassee, FL 32302-1500

RE: 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Dear Madam, Sir:

Please excuse BCR's extraordinary delay in filing this Report; and fee payment.

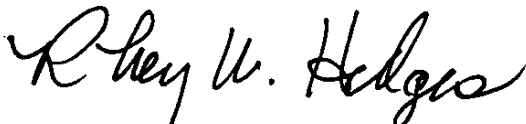
BCR's Office Manager (my Daughter) took seriously ill, in ... and abruptly died ... in April. Her unexpected death coupled with the fact that her family and mine were in the process of moving our personal homes (and BCR's Office) thoroughly disrupted our minds and BCR operations for a long while.

Upon receipt of the Notice of Intent to Dissolve, we realized the Report had not been filed and we couldn't even find the Form that BCR undoubtedly received earlier in the mail.

After downloading a Report form today, I called your office (850-245-6056) and spoke to "Tina", who was kind and very helpful. After explaining our need to effect a 'change of address' and our desire to avoid loss of BCR's corporate status, Tina patiently instructed us how to fill out the form ... advised us to include the check and all would be in order.

Thank you for your patience in our moment of tragedy, sadness and confusion.

Sincerely,



Rhey W. Hedges, President

cc: BCR's State of Florida file

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