ANNUAL REPORT

2006 NOT-FOR-PROFIT CORPORATION

DOCUMENT # N99000006843

1. Entity Name



FILED Feb 02, 2006 8:00 am Secretary of State 02-02-2006 90028 007 ****70.00

BRANDO	N LEAGUERETTES, INC.				02-02-2000 9002	.6 007	0.00	
Principal Place of Business Mailing Address 501 E SADIE ST C/O TERI HOLLEY BRANDON, FL 33510 14609 WALDEN SHEFFIELD RD DOVER, FL 33527			1 (604) (61 (10) (61	12 (21)	8316 BITOT FRAN SISSE AN	HIEL DI 1801		
2. Principal P	lace of Business	3. Mailing Address	, .					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102006	Chg-NP CR	2E037 (11/05)		
City & State		City & State		4. FEI Number 65-09902	27		plied For	
Zip	Country	Zip	Zip Country		Status Desired	\$8.75 Add Fee Required	litional	
	6. Name and Address of Current	Registered Agent		7. Name and Ad	Idress of New Registe	red Agent		
HOLLEY	ren.		Name					
HOLLEY, TERI 14609 WALDEN SHEFFIELD RD DOVER, FL 33527			Street Addres		s (P.O. Box Number is Not Acceptable)			
DO 1 L 1 1, 1	\$					-		
	*.		City			FL Zip Code	e	
	named entity submits this statement for	r the purpose of changing its re	egistered office or	registered agent, or both,	in the State of Florida.	l am familiar with,	and accept	
the obligat	ions of registered agent					,	,	
		1	بالحالة				/_	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signatu	re yequired when reinstating)	D.	1/10/	10G	
Filing Eee Is \$61.25 Due by May 1, 2006 9. Election Campaign Trust Fund Contribu								
	Due by May 1, 2006			\$5.00 May Be Added to Fees	 	heck payable to epartment of St		
10.		Trust Fund Co		Added to Fees	 	epartment of St	tate	
Π̈ΊLE	Due by May 1, 2006 OFFICERS AND DIE PD	Trust Fund Co	ntribution.	Added to Fees	Florida D	epartment of St	tate	
ΠΤLE NAME	PD HOLLEY, TERI	Trust Fund Co	ntribution. 11. TifLE NAME	Added to Fees	Florida D	epartment of St	10	
TITLE NAME STREET ADDRESS	PD HOLLEY, TERI 14609 WALDEN SHEFFIELD RD	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida D	epartment of St	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OFFICERS AND DIE HOLLEY, TERI 14609 WALDEN SHEFFIELD REDOVER, FL 33527	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHAN	Florida Di	epartment of St D DIRECTORS IN Change	tate	
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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 of the corporation or the receiver of 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 entanglement with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

(813)659-0730