

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000049837

Entity Name: BRACES FOR US, INC.

FILED
Jan 26, 2007
Secretary of State

Current Principal Place of Business:

1620 SW BAYSHORE BLVD.
PORT ST. LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

1620 SW BAYSHORE BLVD.
PORT ST. LUCIE, FL 34984

New Mailing Address:

FEI Number: 01-0834179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

DECAMBRE, MARTINE A D.D.S.
1620 SW BAYSHORE BLVD.
PORT ST. LUCIE, FL 34984 US

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.

SIGNATURE: MARTINE A. DECAMBRE

01/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: DECAMBRE, MARTINE A D.D.S.
Address: 1620 SW BAYSHORE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DECAMBRE, MARTINE A D.D.S.
Address: 1620 SW BAYSHORE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTINE A. DECAMBRE

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01/26/2007

Electronic Signature of Signing Officer or Director

Date