


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 AM
Secretary of State

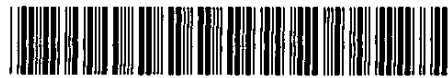
DOCUMENT # P96000081317

1. Entity Name
BROADNAX & JAMES, INC.



Principal Place of Business
**5109 S. DIXIE HIGHWAY
 WEST PALM BEACH FL 33405-3226
 US**

Mailing Address
**5109 S. DIXIE HIGHWAY
 WEST PALM BEACH FL 33405-3226
 US**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

Zip
 Country

4. FEI Number **65-0699421**

Applied For
 Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

**HERRON, JAMES C
 307 NW 13TH AVENUE
 CAPE CORAL FL 33993**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title - applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	HERRON, JAMES C	307 NW 13TH AVENUE	CAPE CORAL FL 33993	<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"/>

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 03/13/07-80109-025 150.00

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: *James C. Herron* February 28, 2007 954,648,9268