2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2004 08:00 AM Secretary of State

AINTOAL ILLI OIL		
DOCUMENT # P98000031162 1. Entity Name BRALANE INVESTMENTS, INC.		
Principal Place of Business	Mailing Address	
1200 S, PINE ISLAND ROAD SUITE 475 PLANTATION, FL 33021	1200 S. PINE ISLAND ROAD SUITE 475 PLANTATION, FL 33021	

01152004 No Chq-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0825325 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRAUER, DONALD DO NOT WRITE 1075 RICHMOND PLACE COOPER CITY, FL 33026 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000079587 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BRAUER, DONALD 1200 S. PINE ISLAND ROAD STREET ADDRESS PLANTATION, FL 33021 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST ZIP Title STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 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: SIGNATURE AND THE TO

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/03/6

954-437-479