

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041037

FILED  
Mar 27, 2005  
Secretary of State

Entity Name: BRANIER ORTHOPEDIC CUSTOM MOLDED SHOES, INC.

## Current Principal Place of Business:

4233 W. COMMERCIAL BLVD.  
TAMARAC, FL 33319

## New Principal Place of Business:

10301 N.W. 50 ST.  
SUITE 109  
SUNRISE, FL 33351

## Current Mailing Address:

4233 W. COMMERCIAL BLVD.  
TAMARAC, FL 33319

## New Mailing Address:

10301 N.W. 0 ST.  
SUITE 109  
SUNRISE, FL 33351

FEI Number: 14-1882184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PINKWASSER, ALAN  
8231 MUIRHEAD CIRCLE  
BOYNTON BEACH, FL 33437 US

## Name and Address of New Registered Agent:

COLLINS, KEITH  
10301 N.W. 50 ST.  
SUITE 109  
SUNRISE, FL 33351 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: KEITH COLLINS

03/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: PATRICIA, COLLINS  
Address: 4233 W. COMMERCIAL BLVD.  
City-St-Zip: TAMARAC, FL 33319

Title: D ( ) Delete  
Name: COLLINS, KEITH  
Address: 4233 W. COMMERCIAL BLVD.  
City-St-Zip: TAMARAC, FL 33319

Title: P ( ) Delete  
Name: LANIER, KAREN K  
Address: 4231 W.COMMERCIAL BLVD  
City-St-Zip: TAMARAC, FL 33319

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: PATRICIA, COLLINS  
Address: 10301 N.W. 50 ST. SUITE 109  
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Change ( ) Addition  
Name: COLLINS, KEITH  
Address: 10301 N.W. 50 ST. SUITE 109  
City-St-Zip: SUNRISE, FL 33351

Title: P (X) Change ( ) Addition  
Name: LANIER, KAREN K  
Address: 10301 N.W. 50 ST. SUITE 109  
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEITH COLLINS

D

03/27/2005

Electronic Signature of Signing Officer or Director

Date