


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000041037 1. Entity Name BRANIER ORTHOPEDIC CUSTOM MOLDED SHOES, INC.	
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Principal Place of Business 10301 N.W. 50 ST. SUITE 109 SUNRISE, FL 33351	Mailing Address 10301 N.W. 0 ST. SUITE 109 SUNRISE, FL 33351
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04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1882184	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLLINS, KEITH 10301 N.W. 50 ST. SUITE 109 SUNRISE, FL 33351
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DO NOT WRITE 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	10000005410350 05/10/06-80016 004 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATRICIA, COLLINS 10301 N.W. 50 ST. SUITE 109 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, KEITH 10301 N.W. 50 ST. SUITE 109 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANIER, KAREN K 10301 N.W. 50 ST. SUITE 109 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* x *[Signature]* x 4-19-06 x 9547272687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #