

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041037

FILED  
Jan 19, 2011  
Secretary of State

**Entity Name:** BRANIER ORTHOPEDIC CUSTOM MOLDED SHOES, INC.

**Current Principal Place of Business:**

527 POMEGRANATE AVE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

527 POMEGRANATE AVE  
SEBRING, FL 33870

**New Mailing Address:**

FEI Number: 14-1882184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLLINS, KEITH  
527 POMEAGRANATE AVE  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: PATRICIA, COLLINS  
Address: 527 POMEGRANATE AVE  
City-St-Zip: SEBRING, FL 33870 US

Title: D  
Name: COLLINS, KEITH  
Address: 527 POMEGRANATE AVE  
City-St-Zip: SEBRING, FL 33870 US

Title: P  
Name: LANIER, KAREN K  
Address: 527 POMEGRANATE AVE  
City-St-Zip: SEBRING, FL 33870 US

Title: VP  
Name: FILIPPELLI, TERRY  
Address: 527POMEGRANATE AVE  
City-St-Zip: SEBRING, FL 33870

I hereby 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 all other like empowered.

SIGNATURE: TERRY FILIPPELLI

VP

01/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date