2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2008 08:00 AN Secretary of State **DOCUMENT # 177852** 1. Entity Name THE BRADLEY COMPANY, INC. Principal Place of Business Mailing Address 1426 48TH COURT 1426 48TH COURT VERO BEACH FL 32966 VERO BEACH FL 32966 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 59-0725643 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADLEY, JOHN W Street Address (P.O. Box Number is Not Acceptable) 1426 48TH CT VERO BEACH FL 32960 City Zin: Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sonature, typod or chined ran in oring stimed agent and Ce Tempication. (NOTE: Registireo Agord a cirolure required when reindirling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE THE Change Addition 🔲 Derete BRADLEY, JOHN W MAMS NAME STREET ADDRESS 1426 48TH CT. STREET ADDRESS UQQQQQQ8Q3699 CITY-ST-ZIP VERO BEACH FL CITY - ST- 24P 02/05/08-80036-006 150.00 D ☐ Change TITLE ☐ Da-ete Addition TITLE NAME BRADLEY, JAMES NAME STREET ADDRESS 1426 48TH CT. STREET ADDRESS City-St-Zi2 VERO BEACH FL CITY - ST- 7IP TITLE ☐ Delete TIRLE Change Addition DAM: BRADLEY, MAJORIE HAME STREET ADDRESS. STREET ADDRESS 1426 48TH COURT CITY-ST-ZIP CITY+SI-ZIP VERO BEACH FL THIE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Deiele TITLE Change ☐ Addition HAME NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZP CITY-ST-ZIP TITLE Addition Delete TIFLE Charige NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ziP

FILED

2. Thereby certify that the information supplied with this filting 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.