


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90041 045 ***150.00

DOCUMENT # 233879	
1. Entity Name BRINY BREEZES INC	

Principal Place of Business 5000 N OCEAN BLVD BRINY BREEZES FL 33435	Mailing Address 5000 N OCEAN BLVD BRINY BREEZES FL 33435
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number 59-0839659	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DOYLE, KENNETH J 5000 N OCEAN BLVD #B-204 BRINY BREEZES FL 33435

7. Name and Address of New Registered Agent
Name Mary E. Kimber
Street Address (P.O. Box Number is Not Acceptable) 5000 N. Ocean Blvd. #J-19
City Briny Breezes FL Zip 33435

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 Mary E Kimber **Mary E. Kimber, President** **03/29/2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D1VP KIMBER, MARY <input checked="" type="checkbox"/> Delete 5000 N. OCEAN BLVD J-19 BRINY BREEZES FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT NADEAU, RICHARD <input type="checkbox"/> Delete 5000 N. OCEAN BLVD G-201 BRINY BREEZES FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D2VP WILLIAMS, LEW <input checked="" type="checkbox"/> Delete 5000 N. OCEAN BLVD G-8 BRINY BREEZES FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS OLDIS, RAYMOND <input type="checkbox"/> Delete 5000 N. OCEAN BLVD #CD-6 BRINY BREEZES FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PURCELL, ROBERT <input type="checkbox"/> Delete 5000 N. OCEAN BLVD. #U-206 BRINY BREEZES FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRADY, TIMOTHY <input checked="" type="checkbox"/> Delete 5000 N OCEAN BLVD #CD-1 BRINY BREEZES FL 33435

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Kimber, Mary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5000 N. Ocean Blvd. #J-19 Briny Breezes, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Fingerhut, Peter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5000 N. Ocean Blvd. #R-208 Briny Breezes, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D1VP Williams, Lew <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5000 N. Ocean Blvd. #G-8
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D2VP Brady, Timothy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 N. Ocean Blvd. #CD-1 Briny Breezes, FL 33435

12. I hereby certify that the information supplied with this filing 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: Mary E Kimber **Mary E. Kimber, President** **03/29/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #