
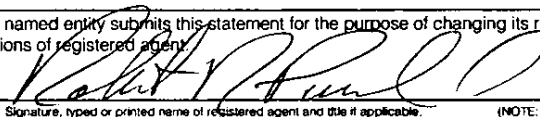
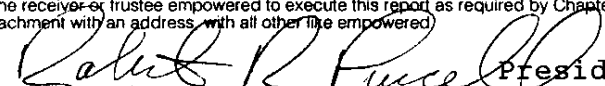


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90031 043 ***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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03212008		Chg-P CR2E034 (12/06)	
4. FEI Number 59-0839659		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KIMBER, MARY E 5000 N OCEAN BLVD #J-19 BRINY BREEZES, FL 33435		Name PURCELL, ROBERT R.	
		Street Address (P.O. Box Number is Not Acceptable) 5000 N. Ocean Blvd. #U-206	
		City Briny Breezes FL Zip Code 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: 		President 3/27/2008	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KIMBER, MARY <input type="checkbox"/> Delete 5000 N. OCEAN BLVD J-19 BRINY BREEZES, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1VP WILLIAMS, LEW <input checked="" type="checkbox"/> Delete 5000 N. OCEAN BLVD G-8 BRINY BREEZES, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OLDIS, RAYMOND <input checked="" type="checkbox"/> Delete 5000 N. OCEAN BLVD #CD-6 BRINY BREEZES, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VP BRADY, TIMOTHY <input type="checkbox"/> Delete 5000 N OCEAN BLVD #CD-1 BRINY BREEZES, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 files empowered.			
SIGNATURE: 		President 3/27/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
Robert R. Purcell		Robert R. Purcell	

*ADDITIONAL NAMES ATTACHED

ATTACHMENT 40055533

#233879

ADDITIONAL OFFICERS/DIRECTORS FOR BRINY BREEZES, INC.

DOCUMET #233879

10.

Title: 2VP

Name: FINGERHUT, PETER

**Address: 5000 N. Ocean Blvd. #R-208
Briny Breezes, FL 33435**

Title: D

Name: ERICKSON, LAWRENCE

**Address: 5000 N. Ocean Blvd. #L-20
Briny Breezes, FL 33435**

Title: D

Name: FARON, DONALD

**Address: 5000 N. Ocean Blvd. #L-211
Briny Breezes, FL 33435**

Title: D

Name: SULLIVAN, PAUL

**Address: 5000 N. Ocean Blvd.
Briny Breezes, FL 33435**