


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90080 046 \*\*\*150.00

<b>DOCUMENT # 319043</b>		
1. Entity Name <b>BRAND TRANSFER &amp; STORAGE CO., INC.</b>		

Principal Place of Business <b>1731 COGSWELL ST. ROCKLEDGES FL 32955</b>	Mailing Address <b>1731 COGSWELL ST. ROCKLEDGES FL 32955</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-1166436</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BRAND, GATHA 1731 COGSWELL STREET ROCKLEDGE FL 32955</b>		Name <b>Stephen J. Brand</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1731 Cogswell St.</b>	
		City <b>Rockledge</b> FL Zip Code <b>32955</b>	

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 *Stephen J. Brand* President DATE *Feb 13, 06*

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	TP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAND, GATHA			NAME			
STREET ADDRESS	1731 COGSWELL ST			STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAND, STEPHEN			NAME	Brand, Stephen J.		
STREET ADDRESS	1731 COGSWELL ST.			STREET ADDRESS	1731 Cogswell St.		
CITY-ST-ZIP	ROCKLEDGE FL			CITY-ST-ZIP	Rockledge, FL 32955		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Frederick L. Brand		
STREET ADDRESS				STREET ADDRESS	1731 Cogswell St.		
CITY-ST-ZIP				CITY-ST-ZIP	Rockledge, FL 32955		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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, 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: *Stephen J. Brand* **Stephen J. Brand** *Feb 13, 06* *321-632-5020*

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