


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 824414
1. Entity Name
M.A. BRUDER & SONS, INCORPORATED



Principal Place of Business Mailing Address
600 REED ROAD **600 REED ROAD**
BROOMALL, PA 19008-3505 **BROOMALL, PA 19008-3505**

DO NOT WRITE IN THIS SPACE



03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 23-1275778	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRUDER, THOMAS A. JR.
STREET ADDRESS	600 REED RD.
CITY-ST-ZIP	BROOMALL, PA
TITLE	VST
NAME	WINTERS, DAVID R.
STREET ADDRESS	600 REED RD.
CITY-ST-ZIP	BROOMALL, PA
TITLE	VD
NAME	BRUDER, JAMES J
STREET ADDRESS	600 REED RD.
CITY-ST-ZIP	BROOMALL, PA
TITLE	VD
NAME	BRUDER, MICHAEL A.
STREET ADDRESS	600 REED ROAD
CITY-ST-ZIP	BROOMALL, PA
TITLE	ASC
NAME	BURNS, FRANCIS P.
STREET ADDRESS	604 WILDE AVE
CITY-ST-ZIP	DREXEL HILL, PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000680097
04/03/07-80065-008 158.75

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 like empowered.

SIGNATURE:  **Francis P. Burns** 3/19/07 (610) 3535100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Asst Secy.