

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 844913

1. Entity Name
C.A. BRUHNS, INC.



Principal Place of Business
**421 ROBIN HILL RD
WAYNE, PA 19087 US**

Mailing Address
**421 ROBIN HILL RD
WAYNE, PA 19087 US**

DO NOT WRITE IN THIS SPACE

07262006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-5548976	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KUSHNER, MANUEL ESQ.
C/O KAYE SCHOLER LLP
777 S. FLAGLER DR #900 WEST
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000575877
09/01/06-80004-019 550.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRUHNS, CARL A 421 ROBIN HILL RD WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BRUHNS, DOUGLAS P 63 OAKFORD RD WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRUHNS, STEPHEN C 3 DAWNS WAY MALVERN, PA 19355
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 I am empowered.

SIGNATURE:

Carl A. Bruhns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PA 6510 GWS 8/31/06 610-687-3243
Date Daytime Phone #