


**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  
 Not Applicable

5. Certificate of Status Desired  **\$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**

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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 \$550.00**  
**Due by September 6, 2006**

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

U00000575877  
 09/01/06-80004-019 550.00

10. OFFICERS AND DIRECTORS

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

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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 ~~has~~ empowered.

SIGNATURE: Carl A Bruhns - Pa 65106W 8/31/06 610-687-3243

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