


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 01, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # 844913</b> 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	
<b>DO NOT WRITE IN THIS SPACE</b>		
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		<b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUHNS, CARL A 421 ROBIN HILL RD WAYNE, PA 19087	<b>DO NOT WRITE IN THIS SPACE</b>
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		
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: <u>Carl C Bruhns</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>7/28/07</u> Daytime Phone #: <u>610-187-3243</u>



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-5546976	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000616159  
02/07/07-80018-002 150.00

CARL A BRUHNS