


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000006282</b>		
1. Entity Name BRENDA GROUP, INC.		
Principal Place of Business 6075 S. EASTERN AVE. SUITE 3 LAS VEGAS, NV 89119-3146	Mailing Address 6075 S. EASTERN AVE. SUITE 3 LAS VEGAS, NV 89119-3146	



03022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 31-1567918	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

**6. Name and Address of Current Registered Agent**

INCORP SERVICES, INC.  
 103 NORTH MERIDIAN STREET  
 TALLAHASSEE, FL 32301

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BACHELOR, ERIC
STREET ADDRESS	6075 S. EASTERN AVE., STE. 3
CITY-ST-ZIP	LAS VEGAS, NV 891193146
TITLE	D
NAME	BACHELOR, BRENDA
STREET ADDRESS	6075 S EASTERN AVE., STE. 3
CITY-ST-ZIP	LAS VEGAS, NV 891193146
TITLE	D
NAME	KEITH, R. FREDERICK
STREET ADDRESS	6075 S EASTERN AVE., STE. 3
CITY-ST-ZIP	LAS VEGAS, NV 891193146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000290474  
 04/06/05-80065-025 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Eric P. Bachelor* ERIC P Bachelor 4/14/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #