

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 14, 2005  
Secretary of State**

DOCUMENT# F02000002650

Entity Name: MICHAEL BRADY, INC.

**Current Principal Place of Business:**

299 N WEISGARBER RD  
KNOXVILLE, TN 37919

**New Principal Place of Business:**

**Current Mailing Address:**

299 N WEISGARBER RD  
KNOXVILLE, TN 37919

**New Mailing Address:**

FEI Number: 62-1453994      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TAYLOR, W. CARL  
% MICHAEL BRADY INC.  
901 N. LAKE DESTINY DRIVE, STE 151  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: BRADY, MICHAEL G  
Address: 299 N WEISGARBER ROAD  
City-St-Zip: KNOXVILLE, TN 37919

Title: SD ( ) Delete  
Name: FARMER, DANIEL P  
Address: 299 N WEISGARBER ROAD  
City-St-Zip: KNOXVILLE, TN 37919

Title: VPD ( ) Delete  
Name: GRANT, CHARLES  
Address: 299 N WEISGARBER ROAD  
City-St-Zip: KNOXVILLE, TN 37919

Title: VPD ( ) Delete  
Name: CORTINA, LOUIS  
Address: 299 N WEISGARBER ROAD  
City-St-Zip: KNOXVILLE, TN 37919

Title: VPD ( ) Delete  
Name: STEVERSON, WILLIAM  
Address: 299 N WEISGARBER ROAD  
City-St-Zip: KNOXVILLE, TN 37919

Title: VPD ( ) Delete  
Name: HULTS, JOHN  
Address: 299 N WEISGARBER ROAD  
City-St-Zip: KNOXVILLE, TN 37919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL A. SMITH

VPD

03/14/2005

Electronic Signature of Signing Officer or Director

Date