

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002650

Entity Name: MICHAEL BRADY, INC.

FILED
Jan 05, 2007
Secretary of State

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 ()

Name and Address of Current Registered Agent:

TAYLOR, W. CARL
MICHAEL BRADY INC.
100 COLONIAL CENTER PKWY STE 230
LAKE MARY, FL 327464770 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: TD () Delete
Name: SMITH, CAROL A
Address: 299 N WEISGARBER ROAD
City-St-Zip: KNOXVILLE, TN 37919

Title: VP () Delete
Name: TAYLOR, W. CARL
Address: 100 COLONIAL CTR PKWY SUITE 230
City-St-Zip: LAKE MARY, FL 327464770

Title: VP () Delete
Name: MALENOCK, SCOTT
Address: 100 COLONIAL CTR PKWY SUITE 230
City-St-Zip: LAKE MARY, FL 327464770

Title: VP () Delete
Name: PETERSON, JAY A
Address: 100 COLONIAL CTR PKWY SUITE 230
City-St-Zip: LAKE MARY, FL 327464770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: SMITH, CAROL A
Address: 299 N WEISGARBER ROAD
City-St-Zip: KNOXVILLE, TN 37919

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 Chapter 119, 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

VP

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date