


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90110 019 ***150.00

DOCUMENT # F03000005309	
1. Entity Name BRAVEPOINT, INC.	

Principal Place of Business 5875 PEACHTREE INDUSTRIAL BLVD. BLDG. 200, STE. 200 NORCROSS, GA 30092	Mailing Address 5875 PEACHTREE INDUSTRIAL BLVD. BLDG. 200, STE. 200 NORCROSS, GA 30092
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DO NOT WRITE IN THIS SPACE



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1720555	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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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 \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARLOW, J 5875 PEACHTREE INDUSTRIAL BLVD., BLDG. 200 NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARSCALLEN, G 5875 PEACHTREE INDUSTRIAL BLVD., BLDG. 200 NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVERI, A 5875 PEACHTREE INDUSTRIAL BLVD., BLDG. 200 NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYLES, W 909 SILVER LAKE BLVD DOVER, DE 19904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMASTERS, M Cooper, B 909 SILVER LAKE BLVD. DOVER, DE 19904
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 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: *RG Carscullen* 3/8/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #