


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90119 011 \*\*\*150.00

**DOCUMENT # F03000005309**

1. Entity Name  
**BRAVEPOINT, INC.**



Principal Place of Business      Mailing Address

~~5875 PEACHTREE INDUSTRIAL BLVD.~~      ~~5875 PEACHTREE INDUSTRIAL BLVD.~~  
~~BLDG. 200, STE. 200~~      ~~BLDG. 200, STE. 200~~  
~~NORCROSS, GA 30092~~      ~~NORCROSS, GA 30092~~

40041293



2. Principal Place of Business      3. Mailing Address

*5000 PEACHTREE INDUSTRIAL BLVD*      *5000 PEACHTREE INDUSTRIAL BLVD.*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

*SUITE 100*      *SUITE 100*

02282006      Chg-P      CR2E034 (11/05)

City & State      City & State

*NORCROSS, GA*      *NORCROSS, GA*

Zip      Country      Zip      Country

*30071*      *USA*      *30071*      *USA*

4. FEI Number      Applied For

**58-1720555**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARLOW, J 5875 PEACHTREE INDUSTRIAL BLVD., BLDG. 200 NORCROSS, GA 30092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5000 PEACHTREE INDUSTRIAL BLVD, SUITE 100 NORCROSS, GA 30071</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARSCALLEN, G 5875 PEACHTREE INDUSTRIAL BLVD., BLDG. 200 NORCROSS, GA 30092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5000 PEACHTREE INDUSTRIAL BLVD., SUITE 100 NORCROSS, GA 30071</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVERI, A 5875 PEACHTREE INDUSTRIAL BLVD., BLDG. 200 NORCROSS, GA 30092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5000 PEACHTREE INDUSTRIAL BLVD., SUITE 100 NORCROSS, GA 30071</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYLES, W 909 SILVER LAKE BLVD DOVER, DE 19904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>S COOPER, B 909 SILVER LAKE BLVD. DOVER, DE 19904</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOPER, B 909 SILVER LAKE BLVD. DOVER, DE 19904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**       **2/28/06 770 449 9670**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #