


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000005309	
1. Entity Name BRAVEPOINT, INC.	

Principal Place of Business 5000 PEACHTREE INDUSTRIAL BLVD STE 100 NORCROSS, GA 30071	Mailing Address 5000 PEACHTREE INDUSTRIAL BLVD STE 100 NORCROSS, GA 30071
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04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. 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 _____ 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, 2008 Fee will be \$550.00

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

000000531536
 04/25/08-80055-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARLOW, J 5000 PEACHTREE INDUSTRIAL BLVD, STE 100 NORCROSS, GA 30071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARSCALLEN, G 5000 PEACHTREE INDUSTRIAL BLVD, STE 100 NORCROSS, GA 30071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVERI, A 5000 PEACHTREE INDUSTRIAL BLVD., 100 NORCROSS, GA 30071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPER, B 909 SILVER LK BLVD DOVER, DE 19904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOPER, B 909 SILVER LAKE BLVD. DOVER, DE 19904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  John Harlow Date: 4/17/08 Daytime Phone #: 770-449-9696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR