


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90265 010 ***150.00

DOCUMENT # F04000003897 1. Entity Name CEEBRAID ACQUISITION CORPORATION			
Principal Place of Business 250 S. AUSTRALIAN AVENUE, SUITE 1003 WEST PALM BEACH, FL 33401		Mailing Address 250 S. AUSTRALIAN AVENUE, SUITE 1003 WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box # <i>1801 S. Australian Ave</i>		3. Mailing Address <i>1801 S. Australian Ave</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>West Palm Beach FL</i>		City & State <i>West Palm Beach FL</i>	
Zip <i>33409</i>		Zip <i>33409</i>	
Country 		Country 	
4. FEI Number 20-1195098		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHLASINGER, ADAM 250 S. AUSTRALIAN AVENUE, SUITE 1003 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1801 S. Australian Ave</i> City <i>West Palm Beach</i> FL Zip Code <i>33409</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D SCHLESINGER, ADAM 250 S. AUSTRALIAN AVENUE, SUITE 1003 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1801 S. Australian Ave</i> <i>West Palm Beach FL 33409</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHLESINGER, ADAM 250 S. AUSTRALIAN AVENUE, SUITE 1003 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1801 S. Australian Ave</i> <i>West Palm Beach FL 33409</i>
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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: <i>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____	
Date _____		Daytime Phone # _____	