2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000005115

1. Entity Name
BRADENTON ALE HOUSE, INC.

Principal Place of Business	Mailing Address
612 NORTH ORANGE AVENUE, STE. C-3 JUPITER, FL 33458	612 NORTH ORANGE AVENUE, STE. C-3 JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

04142006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1480608
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BURLEY, MICHAEL
612 NORTH ORANGE AVENUE, STE. C-3
JUPITER, FL 33458

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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, 2006 Fee will be $550.00

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

000000535862
05/08/06-80072-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLDEN, RAYMOND
STREET ADDRESS	612 NORTH ORANGE AVENUE, STE. C-3
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	CEO
NAME	MILLER, JOHN W
STREET ADDRESS	612 NORTH ORANGE AVENUE, STE. C-3
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	TVP
NAME	BURLEY, MICHAEL
STREET ADDRESS	612 NORTH ORANGE AVENUE, STE. C-3
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	VP
NAME	REID, DAVID
STREET ADDRESS	612 NORTH ORANGE AVENUE, STE. C-3
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	ATVP
NAME	KARP, ALLAN W
STREET ADDRESS	262 HARBOR DRIVE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	ASVP
NAME	LOGAN, WILLIAM P
STREET ADDRESS	262 HARBOR DRIVE
CITY-ST-ZIP	STAMFORD, CT 06902

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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: _____ 4/21/06 561-743-2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #