

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90037 012 ***150.00

DOCUMENT # F05000004195 1. Entity Name THEBRADYGROUP, INC.					
Principal Place of Business 3410 GULF WINDS CIR HERNANDO BEACH, FL 34607			Mailing Address 3410 GULF WINDS CIR HERNANDO BEACH, FL 34607		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0417425	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADY, PETE 3410 GULF WINDS CIR HERNANDO BEACH, FL 34607			7. Name and Address of New Registered Agent Name Ellen R. Brady Street Address (P.O. Box Number is Not Acceptable) 3410 gulf winds circle City Hernando Beach FL Zip Code 34607		
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 7/18/07 <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 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTC BRADY, EDWARD R JR 3410 GULF WINDS CIR HERNANDO BEACH, FL 34607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPVC BRADY, ELLEN R 3410 GULF WINDS CIR HERNANDO BEACH, FL 34607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	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: President 7/18/07 352-200-6709 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY
ATTACHMENT

FLORIDA CERTIFICATE OF DEATH

40126439
F05000004195TYPE IN
PERMANENT
BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Edward Peter Brady		2. SEX Male	
3. DATE OF BIRTH (Month, Day, Year) March 18, 1946		4a. AGE - last birthday (Years) 60	
4b. UNDER 1 YEAR Months Days		4c. UNDER 1 DAY Hours Minutes	
5. DATE OF DEATH (Month, Day, Year) October 2, 2006			
6. SOCIAL SECURITY NUMBER 249-74-3390		7. BIRTHPLACE (City and State or Foreign Country) Charleston, South Carolina	
8. COUNTY OF DEATH Hernando			
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Room/Outpatient NON-HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		10. FACILITY NAME (If not institution, give street address) Oak Hill Hospital	
11a. CITY, TOWN, OR LOCATION OF DEATH Brooksville		11b. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		13. SURVIVING SPOUSE (If wife, give maiden name) Ellen Ruth Raia	
14a. RESIDENCE - STATE Florida		14b. COUNTY Hernando	
14c. CITY, TOWN, OR LOCATION Hernando Beach		14d. APT. NO. 3410 Gulf Winds Circle	
14e. ZIP CODE 34607		14f. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) Do not use "Retired" Mortgage Broker		15b. KIND OF BUSINESS/INDUSTRY Lending	
16. DECEDENT'S RACE (Specify race/ethnicity to indicate what the decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)			
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? <input type="checkbox"/> Yes (If Yes, Specify) <input checked="" type="checkbox"/> No (Specify if decedent was of Hispanic or Haitian origin) <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Haitian <input type="checkbox"/> Other Hispanic (Specify)			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input checked="" type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			
19. WAS THE DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
20. FATHER'S NAME (First, Middle, Last, Suffix) Edward Peter Brady		21. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Pickney DeMerell	
22a. INFORMANT'S NAME Ellen Ruth Brady		22b. RELATIONSHIP TO DECEDENT Wife	
23a. INFORMANT'S MAILING - STATE Florida		23b. ZIP CODE 34607	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Brooksville Crematory		25a. LOCATION - STATE Florida	
25b. LOCATION - CITY OR TOWN Brooksville			
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)			
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27a. LICENSE NUMBER (of Licensee) 6168			
27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH James E. Wadley			
28. NAME OF FUNERAL FACILITY Brewer & Sons Funeral Homes, SH			
29a. FACILITY'S MAILING - STATE Florida			
29b. CITY OR TOWN Spring Hill			
29c. STREET ADDRESS 4450 Commercial Way			
29d. ZIP CODE 34606			
30. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated			
31a. (Signature and Title of Certifier) Scott M. Gebhardt, D.O.		31b. DATE SIGNED (mm/dd/yyyy) 10/5/2006	
31c. TIME OF DEATH (24 hr.) 2139		33. MEDICAL EXAMINER'S CASE NUMBER	
34a. LICENSE NUMBER (of Certifier) 058060		34b. CERTIFIER'S NAME Scott M. Gebhardt, D.O.	
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)			
36a. CERTIFIER'S STATE Florida		36b. CITY OR TOWN Spring Hill	
36c. STREET ADDRESS 7056 Mariner Blvd.		36d. ZIP CODE 34609	
37. SUBREGISTRAR - Signature and Date A. A. Buchanan		38a. LOCAL REGISTRAR - Signature A. A. Buchanan	
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) OCT 09 2006			

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

Kypurona Coughlin

OCT 09 2006

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK

FLORIDA DEPARTMENT OF
HEALTH

DH FORM 1946 (08-04)

22961632

CERTIFICATION OF VITAL RECORD



ATTACHMENT

40126439

#F05000004195

WRITTEN CONSENT OF THE SHAREHOLDER AND DIRECTOR IN LIEU OF MEETING
OF SHAREHOLDER AND DIRECTOR, PURSUANT TO
SECTION 607.0704 AND 607.0821 OF THE FLORIDA GENERAL
CORPORATION ACT

THE BRADY GROUP, INC.

The undersigned person, being the sole shareholder and the sole director of the above named corporation (hereinafter called the "Corporation"), hereby takes the following actions by written consent in lieu of a meeting pursuant to Section 607.0704 and 607.0821 of the Florida Statutes:

RESOLVED:

1. The undersigned Shareholder of THE BRADY GROUP, INC., hereby consents to the following action and waive service of notice of a shareholders' meeting:

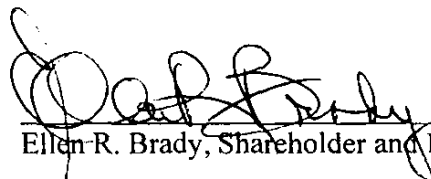
That Ellen R. Brady is hereby named as the sole director of THE BRADY GROUP, INC. and that she shall commence serving as the director, effective immediately.

2. That Ellen R. Brady shall serve in the offices of this corporation and shall assume her duties effective immediately:

President – Ellen R. Brady
Vice President – Ellen R. Brady
Secretary – Ellen R. Brady
Treasurer – Ellen R. Brady

2. Ellen R. Brady may draft checks on the corporation's bank accounts held at _____ Bank.

DATED: January 9, 2007


Ellen R. Brady, Shareholder and Director