


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 08:00 A
Secretary of State

DOCUMENT # F06000006103	
1. Entity Name BRAINFUSE, INC.	

Principal Place of Business 271 MADISON AVE FLOOR 3 NEW YORK, NY 10016	Mailing Address 271 MADISON AVE FLOOR 3 NEW YORK, NY 10016
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DO NOT WRITE IN THIS SPACE



08242007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0592563	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.
515 PARK AVE
TALLAHASSEE, FL 32301**

DO NOT WRITE IN THIS SPACE

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
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SILBERZWEIG, BARRY 271 MADISON AVE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV SZTUDENWEIG, ALEX 271 MADISON AVE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LECCISO, FRANCESCO 271 MADISON AVE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GABRIEL, SAMUEL 271 MADISON AVE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000773033
08/30/07-80001-014 158.75

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: BARRY SILBERZWEIG, Pres. INC  **8/29/07** **212-481-4810**

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