

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006103

Entity Name: BRAINFUSE, INC.

FILED
Aug 27, 2008
Secretary of State

Current Principal Place of Business:

271 MADISON AVE FLOOR 3
NEW YORK, NY 10016

New Principal Place of Business:

Current Mailing Address:

271 MADISON AVE FLOOR 3
NEW YORK, NY 10016

New Mailing Address:

FEI Number: 05-0592563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SILBERZWEIG, BARRY
Address: 271 MADISON AVE
City-St-Zip: NEW YORK, NY 10016

Title: VCV () Delete
Name: SZTUDENWEIG, ALEX
Address: 271 MADISON AVE
City-St-Zip: NEW YORK, NY 10016

Title: DS () Delete
Name: LECCISO, FRANCESCO
Address: 271 MADISON AVE
City-St-Zip: NEW YORK, NY 10016

Title: DT () Delete
Name: GABRIEL, SAMUEL
Address: 271 MADISON AVE
City-St-Zip: NEW YORK, NY 10016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VCV (X) Change () Addition
Name: SZTUDEN, ALEX
Address: 271 MADISON AVE
City-St-Zip: NEW YORK, NY 10016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX SZTUDEN

VCV

08/27/2008

Electronic Signature of Signing Officer or Director

Date