

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006955

FILED
Jan 14, 2009
Secretary of State

Entity Name: BRONIEC ASSOCIATES, INC.

Current Principal Place of Business:

4855 PEACHTREE INDUSTRIAL BLVD.
STE 215
NORCROSS, GA 300923014

New Principal Place of Business:

Current Mailing Address:

4855 PEACHTREE INDUSTRIAL BLVD.
STE 215
NORCROSS, GA 300923014

New Mailing Address:

FEI Number: 58-1417221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANCIL, PAMELA B
14709 7TH. AVE EAST
BRADENTON, FL 34212 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONHEADY, GERRY
Address: 2211 HUNTERS GREEN DR.
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: V () Delete
Name: BRONIEC, FRANK
Address: 2221 GLEN MARY PLACE
City-St-Zip: DULUTH, GA 30097

Title: S () Delete
Name: BRONIEC, MATTHEW
Address: 1295 PEACHTREE VIEW
City-St-Zip: ATLANTA, GA 30319

Title: T () Delete
Name: BRONIEC, PAUL
Address: 1425 CORTEZ LANE NE
City-St-Zip: ATLANTA, GA 30319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PAUL M. BRONIEC

CFO

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date