2008 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Jun 10, 2008 8:00 am
DOCUMENT # F0700000887 1. Entity Name THE BRANDVIEN COMPANIES, INC.				Secretary of State 06-10-2008 90002 007 ***150.00
315 W DALT	e of Business ON AVE ENE, ID 83815	Mailing Address 315 W DALTON AVE COEUR D'ALENE, ID 83	815	
214 Suite, Apt.		Suite, Apt. #, etc.	. SUNSET	05162008 Chg-P CR2E034 (12/06)
	UR D'ALENE, I	D CoEVR D AL		4. FEI Number Applied For 82-0517035 Not Applicable
^{Zip} 838	6. Name and Address of Cur	Zip 838/5	KODTENA)	5. Certificate of Status Desired Status Desired Status Desired Status Desired Status Desired Agent
2731 EXE	RVICES, INC. CUTIVE PARK DR STE 4 FL 33331		Name Street Add	ess (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
 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 Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 12, 2008 Trust Fund Contribution. Image: Added to Fees In accordance with s. 607.193(2)(b), F.S., the				
10.	7 ····································	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C BRANDVEIN, ALLAN G 316 W DALTON A VE COEUR D'ALENE, ID 83815	E Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	214 W. SUNSET AVE COEVR D'ALENE, ID 83815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASHUS, DARCIE R 815 W DALTON A VE COEUR D'ALENE, ID 83815	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIA W. SUNSET AVE COEUR. D'ALENE, ID 83815
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗋 Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	🗌 Change 🔲 Addition
TITLE NAME Street address City-St-Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. I hereby certify that the information supplied with the 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 emprycered 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: SIGNATURE AND DEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Device Phone #				