## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F10000002915

Entity Name: BUSINESS RESTORATION GROUP INC

FILED Feb 07, 2012 Secretary of State

| Littly Na   | ille. DOSINES                             | 3 RESTORATION GROUP, III         | VC.                                |                                      |
|---|---|----------------------------------|------------------------------------|--------------------------------------|
| Current Principal Place of Business:  |   |                                  | New Principal Place of Business:   |                                      |
|   | N AVENUE<br>NY 12206                      |                                  |                                    |                                      |
| Current Mailing Address:  |   |                                  | New Mailing Address:               |                                      |
|   | FRAL AVE #212<br>NY 12206                 |                                  |                                    |                                      |
| FEI Number  | r: 26-1146389                             | FEI Number Applied For()         | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )    |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |   |                                  |                                    |                                      |
| 300 FIFTH   | AND CORPOR.<br>I AVENUE SOL<br>FL 34102 U | JTH, STÉ 101-330                 |                                    |                                      |
|   | e named entity s<br>e of Florida.         | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, |
| SIGNATU   | RE:                                       |                                  |                                    |                                      |
|   | Electron                                  | ic Signature of Registered Age   | ent                                | Date                                 |
| OFFICER   | S AND DIREC                               | TORS:                            |                                    |                                      |
| Title:<br>Name:<br>Address:   | P<br>SNYDER, JOHN<br>185 HOMESTEA         |                                  |                                    |                                      |

City-St-Zip: ALBANY, NY 12206

**VPS** 

CLEARY, BRYAN Name: Address: 12 COLVIN AVENUE ALBANY, NY 12206 City-St-Zip:

I hereby 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 required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN T SNYDER **PRES** 02/07/2012