2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F95000002302

1. Entity Name
BRANDON TRIPP, INC.

Principal Place of Business	Mailing Address
7309 E EVANS RD SCOTTSDALE, AZ 85260	7309 E EVANS RD SCOTTSDALE, AZ 85260

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
75-2597615	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERLITA, JOANN
332 SOUTH PLANT AVE
TAMPA, FL 33606-2346

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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 title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	SDP	
NAME	KANOFF, STEPHEN	
STREET ADDRESS	1122 JACKSON STREET STE 616	
CITY-ST-ZIP	DALLAS, TX 75202	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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NAME		
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CITY-ST-ZIP		

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01/24/05-80046-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Stephen Kanoff_   _Stephen Kanoff_   _Jan. 6/05_   _216-749-5957_

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