

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002653

FILED
Feb 15, 2007
Secretary of State

Entity Name: BRIC MCMANN INDUSTRIES, INCORPORATED

Current Principal Place of Business:

210 GARDEN CIRCLE
BELLEAIR, FL 33756 US

New Principal Place of Business:

880 MANDALAY AVE
CU7
CLEARWATER, FL 33767 US

Current Mailing Address:

P.O. BOX 1238
CLEARWATER, FL 33757 US

New Mailing Address:

FEI Number: 72-1034327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFMANN, ERIC C
210 GARDEN CIRCLE
BELLEAIR, FL 33756 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: HOFMANN, ERIC
Address: 210 GARDEN CIRCLE
City-St-Zip: BELLEAIR, FL 33756

Title: TREA () Delete
Name: HOFMANN, ELWYN
Address: 1111 MADISON STREET
City-St-Zip: GRETNA, LA 70053

Title: ST () Delete
Name: HOFMANN, SUSAN
Address: 210 GARDEN CIRCLE
City-St-Zip: CLEARWATER, FL 33756

Title: V () Delete
Name: RAMIREZ, JAIME V
Address: 880 MANDALAY AVENUE
City-St-Zip: CLEARWATER, FL 33767

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 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: SUSAN A HOFMANN

SEC

02/15/2007

Electronic Signature of Signing Officer or Director

_____ Date