


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # J06223 1. Entity Name BREN-CON, INC.	
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Principal Place of Business 207 N. MAGNOLIA AVE. P.O. BOX 5863 OCALA, FL 34475	Mailing Address 207 N. MAGNOLIA AVE. P.O. BOX 5863 OCALA, FL 34475
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2656063	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fes Required
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6. Name and Address of Current Registered Agent TRENTELMAN, JOHN C 207 N. MAGNOLIA AVENUE OCALA, FL 34475
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**DO NOT WRITE
IN THIS SPACE**

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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COLDEN, CARMAN R.R. 2, P.O. BOX 30 MARMORA, ONT. KOK 2M0,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST COLDEN, MURIEL R.R. 2, P.O. BOX 30 MARMORA, ONT. KOK 2M0,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCCOY, BRENDA RR 1 MADOC ONTARIO, CA kok 2ko
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROBINSON, CONNIE RR 1 MADOC ONTARIO, CA kok 2ko
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/06/05-80011-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: <i>Muriel Colden - Muriel Colden</i> Jan 5, 2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
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