



**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90018 035 \*\*\*\*55.00

DOCUMENT # L05000030906			
1. Entity Name BRAWL FIGHT GEAR, LLC			
Principal Place of Business 8234 NIGHT OWL CT NEW PORT RICHEY, FL 34655 US		Mailing Address 8234 NIGHT OWL CT NEW PORT RICHEY, FL 34655 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		5408 St James Dr Suite, Apt. #, etc.	
City & State		City & State New Port Richey, FL	
Zip	Country	Zip	Country
		34652	USA
4. FEI Number		Applied For	
52-2456693		Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		Name Kelly Drew	
		Street Address (P.O. Box Number is Not Acceptable)	
		5408 St James Drive	
		City New Port Richey, FL	
		Zip Code 34652	
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		DATE	
 Signature, typed or printed name of registered agent and title if applicable.		Kelly Drew, Accountant 3-18-06 DATE	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHUS, BRANDON	NAME	
STREET ADDRESS	8234 NIGHT OWL CT	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 3/18/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 727-816-8847	