


**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 Suite, Apt. #, etc.		3. Mailing Address 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		<input type="checkbox"/> 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 <i>Kelly L Drew</i> Signature, typed or printed name of registered agent and title if applicable.		Kelly Drew, Accountant DATE 3-18-06 (NOTE: Registered Agent signature required when resigning)	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BACHUS, BRANDON 8234 NIGHT OWL CT NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Brandon Bachus</i>		Date	3/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	727-816-8847