2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 02, 2006 08:00 AN Secretary of State DOCUMENT # L18006 1. Entity Name BRAC REEF, INC. Principal Place of Business Mailing Address 3300 FAIRFIELD AVE S 3300 FAIRFIELD AVE S ST PETERSBURG FL 33712-8818 ST PETERSBURG FL 33712-8818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2969333 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANDES, RUSSEL P. Street Address (P.O. Box Number is Not Acceptable) 3300 FAIRFIELD AVE S ST PETERSBURG FL 33712 City Zip Code 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 9. Election Campaign Financing \$5.00 May 8€ After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change ☐ Addition U00000453026 NAME TIBBETTS, LINTON N. NAME 03/14/06-80003-017 158.75 STREET ADDRESS 2928 68TH AVENUE, SOUTH STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP TITLE ☐ Defete THE Change Addition NAME TIBBETTS, DANIEL E. NAME STREET ADDRESS 363 PINELLAS BAYWAY #31 STREET ADDRESS CITY-ST-ZIP TIERRA VERDE FL CITY-ST-ZIP THLE ☐ Defeta TITLE Change Change Addition NAME BRANDES, MARY L NAME STREET ADDRESS 729 SUWANNEE CT NE STREET ADDRESS CITY - ST-ZIP ST PETERSBURG FL CITY-ST-ZIP VD TITLE ☐ Delete TITLE Change Addition NAME HOOKER, DONNA E STREET ADDRESS 3724 RIVERBROOK DR STREET ADDRESS CITY-ST-ZIP LOUISVILLE TN 37777 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: