

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000783

FILED
May 29, 2007
Secretary of State

Entity Name: BRMI, INC.

Current Principal Place of Business:

6269 PEELES CHAPEL ROAD
LAUREL HILL, NC 28351

New Principal Place of Business:

9103 DUCALEWAY
203
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

6269 PEELES CHAPEL ROAD
LAUREL HILL, NC 28351

New Mailing Address:

P.O. BOX 32261
PALM BEACH GARDENS, FL 33420

FEI Number: 59-3598144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DIXON, SCOTT C
550 E STRAWBRIDGE AVE
SUITE C
MELBOURNE, FL 32901 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUBIN, BENJAMIN
Address: 6269 PEELES CHAPEL ROAD
City-St-Zip: LAUREL HILL, NC 28351

Title: VPD () Delete
Name: DAY, DARRELL
Address: 2116 W. HWY. 74
City-St-Zip: HAMLET, NC 28345

Title: SD () Delete
Name: COLE, DAWN
Address: 12700 SPRINGBRANCH DR.
City-St-Zip: LAURINBURG, NC 28352

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUXUM, JOSEPH
Address: 9103 DUCALEWAY # 203
City-St-Zip: PALM BEACH GARDENS, FL 33418

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH LUXUM

PD

05/29/2007

Electronic Signature of Signing Officer or Director

Date