

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# N04000004901

Entity Name: BRISKELL CORPORATION

Current Principal Place of Business:

1555 SW 109 AVE #203
PEMBROKE PINES, FL 33025

New Principal Place of Business:

5265 FOREST EDGE CT
SANFORD, FL 32771

Current Mailing Address:

1555 SW 109 AVE #203
PEMBROKE PINES, FL 33025

New Mailing Address:

5265 FOREST EDGE CT
SANFORD, FL 32771

FEI Number: 68-0586102 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:

SAMSON, OBINWA
1555 SW 109 AVE
#203
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

SAMSON, OBINWA
5265 FOREST EDGE CT
SANFORD, FL 32771 US

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:

05/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OBINWA, SAMSON
Address: 1555 SW 109 AVE #203
City-St-Zip: PEMBROKE PINES, FL 33025

Title: V () Delete
Name: OKAFOR, GODFREY
Address: 1655 W 146 STREET #B
City-St-Zip: GARDENA, CA 90247

Title: T () Delete
Name: UNUIGBOJE, CATHERINE
Address: 1555 SW 109 AVE #203
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S () Delete
Name: OKAFOR, ADAEZE
Address: 13658 HAWTHORNE BLVD #200A
City-St-Zip: HAETHORNE, CA 90250

Title: C () Delete
Name: OBINWA, IKE
Address: CHEVRON NIGERIA
City-St-Zip: LAGOS NIGERIA,

Title: MC () Delete
Name: OBINWA, UCHE
Address: MALAGA
City-St-Zip: SPAIN,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OBINWA, SAMSON
Address: 5265 FOREST EDGE CT
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: UNUIGBOJE, CATHERINE
Address: 5265 FOREST EDGE CT
City-St-Zip: SANDFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SAMSON OBINWA

D

05/03/2007

Electronic Signature of Signing Officer or Director

Date