2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005633

Entity Name: BRANCH REPAIR, INC

FILED Aug 17, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

920 HACIENDA CT. 2005 CASSINGHAM CIR ORLANDO, FL 32808 COEE, FL 34761

Current Mailing Address: New Mailing Address:

920 HACIENDA CT. P O BOX 680085 ORLANDO, FL 32808 P O RLANDO, FL 32868

FEI Number: 20-1212307 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: Name and Address of New Registered Agent:

BOLDEN, JAMES E JR
920 HACIENDA CT
ORLANDO, FL 32808 US
BOLDEN, JAMES E
2005 CASSINGHAM CIR
OCOEE, FL 34761 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: JAMES E BOLDEN 08/17/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: BOLDEN, JAMES E JR BOLDEN, JAMES E

 Name:
 BOLDEN, JAMES E JR
 Name:
 BOLDEN, JAMES E

 Address:
 920 HACIENDA CT
 Address:
 2005 CASSINGHAM CIR

 City-St-Zip:
 ORLANDO, FL 32808
 City-St-Zip:
 OCOEE, FL 34761

Title: V () Delete Title: VP (X) Change () Addition

Name: LOVE, ANN V Name: LOVE, ANN V

 Address:
 2005 CASSINGHAM CIR
 Address:
 2005 CASSINGHAM CIR

 City-St-Zip:
 OCOEE, FL 34761
 City-St-Zip:
 OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES E BOLDEN PRES 08/17/2005