2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005633

Entity Name: BRANCH REPAIR, INC

FILED Mar 23, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

P O BOX 680085 2005 CASSINGHAM CIRCLE

ORLANDO, FL 32868 OCOEE, FL 34761

Current Mailing Address: New Mailing Address:

P O BOX 680085 ORLANDO, FL 32868

FEI Number: 20-1212307 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOLDEN, JAMES E
P O BOX 680085
ORLANDO, FL, FL 32868
US
BOLDEN, JAMES E
2005 CASSINGHAM CIRCLE
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 03/23/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change() Addition

 Name:
 BOLDEN, JAMES E
 Name:

 Address:
 P O BOX 680085
 Address:

 City-St-Zip:
 ORLANDO, FL 32868
 City-St-Zip:

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

 Name:
 LOVE, ANN V
 Name:
 BOLDEN, ANN

 Address:
 P O BOX 680085
 Address:
 P O BOX 680085

 City-St-Zip:
 ORLANDO, FL 32868
 City-St-Zip:
 ORLANDO, FL 32868

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES E BOLDEN PRES 03/23/2007