# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2009**
**Secretary of State**

DOCUMENT# N05000010551

**Entity Name:** HALL OF BRAINS INC.

**Current Principal Place of Business:**

15820 NW 18 COURT
MIAMI GARDENS, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

15820 NW 18 COURT
MIAMI GARDENS, FL 33054

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

WARE, AURIENTA P
15820 NW 18 COURT
MIAMI GARDENS, FL 33054 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: D ( ) Delete
Name: WARE, AURIENTA P
Address: 15820 NW 18 COURT
City-St-Zip: MIAMI GARDENS, FL 33054

Title: D ( ) Delete
Name: SHIPP, CLEMENTON
Address: 2930 NW 186 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: D ( ) Delete
Name: CLARKE, SHEILA
Address: 16900 NW 19TH AVE
City-St-Zip: MIAMI GARDENS, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: AURIENTA P. WARE D 04/25/2009

Electronic Signature of Signing Officer or Director — Date