2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2009
Secretary of State

DOCUMENT# N08000010454

Entity Name: BRAVE-AID, INC.

Current Principal Place of Business:

45 ACCLAIM AT LIONSPAW
DAYTONA BEACH, FL 32124

New Principal Place of Business:

Current Mailing Address:

45 ACCLAIM AT LIONSPAW
DAYTONA BEACH, FL 32124

New Mailing Address:

FEI Number: 26-3725555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

WILLIAMS, BRANDON L
45 ACCLAIM AT LIONSPAW
DAYTONA BEACH, FL 32124 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: DP ( ) Delete
Name: WILLIAMS, BRANDON L
Address: 45 ACCLAIM AT LIONSPAW
City-St-Zip: DAYTONA BEACH, FL 32124

Title: DV ( ) Delete
Name: WILLIAMS, ALEXANDRA K
Address: 1212 E WHITING STREET UNIT 409
City-St-Zip: TAMPA, FL 33603

Title: DTS ( ) Delete
Name: WILLIAMS, ANGELA J
Address: 45 ACCLAIM AT LIONSPAW
City-St-Zip: DAYTONA BEACH, FL 32124

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition
Name: BEGIN, RENAUD
Address: 110 SAWTOOTH LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: SEC (X) Change ( ) Addition
Name: BEGIN, RENAUD
Address: 110 SAWTOOTH LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: TR ( ) Change (X) Addition
Name: WILLIAMS, BRANDON L
Address: 45 ACCLAIM AT LIONSPAW
City-St-Zip: DAYTONA BEACH, FL 32124

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: BRANDON L. WILLIAMS PRES 07/26/2009

Electronic Signature of Signing Officer or Director — Date