2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N93000004089

Entity Name: THE BRAIDS COMMITTEE, INC.

Current Principal Place of Business:

P.O. BOX 380035
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

4627 GLENWOOD AVE
JACKSONVILLE, FL 32205 US

Current Mailing Address:

P.O. BOX 380035
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 59-3201236 **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:

DAVIS, CARRANNA F
4627 GLENWOOD AVE
JACKSONVILLE, FL 32205 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: P ( ) Delete
Name: DAVIS, CARRANNA F
Address: 4627 GLENWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD ( ) Delete
Name: SIMPSON, SCOTT
Address: 1627 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP ( ) Delete
Name: SUTTON, KEN
Address: 4112 SAN JUAN AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: S (X) Delete
Name: HAMILTON, DENNIS JR
Address: 814 OLD HICKORY RD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: COX, CINDY
Address: 830-13 A1A NORTH, #315
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S (X) Change ( ) Addition
Name: HAMILTON, DENNIS
Address: 814 OLD HICKORY ROAD
City-St-Zip: JACKSONVILLE, FL 32207

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: CINDY A COX TD 05/01/2007

Electronic Signature of Signing Officer or Director — Date