

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90093 029 \*\*\*150.00



**DOCUMENT # P00000013135**

1. Entity Name  
**BRANDON OVERSEAS, INC.**

Principal Place of Business <b>231 ROYAL PALM WAY          SUITE 100          PALM BEACH FL 33480</b>	Mailing Address <b>231 ROYAL PALM WAY          SUITE 100          PALM BEACH FL 33480</b>
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2. Principal Place of Business <b>340 Royal Poinciana Way          Suite, Apt. #, etc.          316</b>	3. Mailing Address <b>340 Royal Poinciana Way          Suite, Apt. #, etc.          316</b>
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1st MOORE CR2E034 (10/04)

City & State <b>Palm Beach Florida</b>	City & State <b>Palm Beach Florida</b>	4. FEI Number <b>52-2215364</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33480</b>	Country <b>USA</b>	Zip <b>33480</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JONES, IV, WALTER C          4114 NORTHLAKE BLVD          SUITE 101          PALM BEACH GARDENS FL 33401</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>	<p>9. Election Campaign Financing <b>\$5.00</b> May Be          Trust Fund Contribution. <input type="checkbox"/> Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME <b>BRANDON, NICOLE</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>340 Royal Poinciana Way Palm Beach Florida 33480</b>
STREET ADDRESS <b>231 ROYAL PALM WAY SUITE 100</b>	CITY-ST-ZIP <b>PALM BEACH FL 33480</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nicole J. Brandon* **3/14/05** (561) 659-1040  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #