


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90014 027 ***150.00

DOCUMENT # P00000032692					
1. Entity Name BRACH & ASSOCIATES, INC.					
Principal Place of Business 8838 PINE BAY CT. ORLANDO, FL 32825			Mailing Address 8838 PINE BAY CT. ORLANDO, FL 32825		
2. Principal Place of Business 6680 Bay Shore Dr.		3. Mailing Address 6680 Bay Shore Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Saint cloud FL		City & State Saint cloud, FL		4. FEI Number 59-3638568	
Zip 34771		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02092006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent RAUTH, PAMELA C 8838 PINE BAY CT. 6680 Bay Shore Drive ORLANDO, FL 32825 Saint cloud, FL 34771			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Pamela Rauth</u> <u>PAMELA RAUTH</u> <u>2-15-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	<input type="checkbox"/> Delete RAUTH, PAMELA C		TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RAUTH PAMELA C	
NAME	8838 PINE BAY CT.		NAME	6680 Bay Shore Drive	
STREET ADDRESS	ORLANDO, FL 32825		STREET ADDRESS	Saint cloud, FL 34771	
CITY-ST-ZIP			CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>PAMELA RAUTH</u>			<u>Pamela Rauth</u> <u>2/15/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		