2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 06, 2006 08:00 AM **DOCUMENT # P00000069659 Secretary of State** 1. Entity Name BRAUSK, INC. Mailing Address Principal Place of Business 1045 EATLANTICAVE#208 1045 EATLANTICAVE# 208 DELPAY BEACH, FL 33483 DELPAY BEACH FL 33483 No Chg-P CR2E034 (11/05) 01112006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1048512 Not Applicab \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUSK, RONALD DO NOT WRITE 1045 E ATLANTIC AVE #208 DELRAY BEACH, FL 33483 IN THIS SPACE 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 accerthe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 100000420768 02/16/06-80011-002 15**0.00** 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DPS TITLE LUSK, RONALD NAME 1045 E ATLANTIC AVE #208 STREET ADDRESS CKTY-ST-ZIP DELRAY BEACH, FL 33483 TITLE NAME STREET ADDRESS CITY-ST-ZIP SHE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIF TITLE IN THIS SPACE STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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