2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00 AM Secretary of State DOCUMENT # P00000085913 1. Entity Name BRAÚSTI, INC. Principal Place of Business Mailing Address 4335 FLORIDA TOWN RD. 4335 FLORIDA TOWN RD. PACE, FL 32571 PACE, FL 32571 04222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied 4. FEI Number 59-3707437 Not App \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANDREWS, EVERETT D DO NOT WRITE 4335 FLORIDA TOWN RD. PACE, FL 32571 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 a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME ANDREWS, EVERETT D STREET ADDRESS 5466 W SPENCERFIELD ROAD CITY-ST-ZIP MILTON, FL 32571 SVP TITLE NAME ANDREWS, DELAINE STREET ADDRESS 5466 W SPENCEFIELD RD CITY-ST-ZIP MILTON, FL 32571 TITLE NAME STREET ADDRÉSS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

NAME STREET ADDRESS CITY-SY-ZIP

SIGNATURE AND SON CONTRACTOR OF SON CAUSAN