

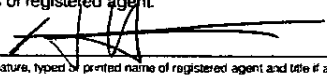
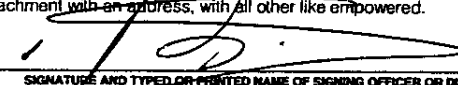


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90329 014 ***150.00

DOCUMENT # P01000020354 1. Entity Name BREIN US, INC.					
Principal Place of Business 9390 WICKHAM WAY ORLANDO, FL 32836				Mailing Address 	
2. Principal Place of Business 10024 Chatham Oaks Ct Suite, Apt. #, etc.		3. Mailing Address 10024 Chatham Oaks Ct Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 59-3706854	
Zip 32836		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Name Street Address (P.O. Box Number is Not Acceptable) 				Name CLEMENT Jean Marie Street Address (P.O. Box Number is Not Acceptable) 	
City 				City ORLANDO	
State 				State FL	
Zip 				Zip Code 32836	
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  DATE 4/26/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <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 NAME BREIN, SYLVAIN STREET ADDRESS 9390 WICKHAM WAY CITY-ST-ZIP ORLANDO, FL 32836	<input checked="" type="checkbox"/> Delete		TITLE PD NAME BREIN SYLVAIN STREET ADDRESS 10024, Chatham Oaks Ct CITY-ST-ZIP Orlando FL 32836	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME BREIN, CHRISTIANE STREET ADDRESS 9390 WICKHAM WAY CITY-ST-ZIP ORLANDO, FL 32836	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Brein Christiane STREET ADDRESS 10024 Chatham Oaks Ct CITY-ST-ZIP Orlando FL 32836	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: April 26, 2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		