2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000057869

1. Entity Name
BREATHE EASY, INC.

Principal Place of Business	Mailing Address
756 ST ALBANS DR BOCA RATON, FL 33486	756 ST ALBANS DRIVE BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

03212008   No Chg-P   CR2E034 (11/05)

4. FEI Number
30-0062405

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SORCI, KARYN
756 ST. ALBANS DR,
BOCA RATON, FL 33486

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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: *Karyn Ann*   PRESIDENT   3/25/08

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000871899
04/10/08-80015-020 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SORCI, KARYN
STREET ADDRESS	756 ST. ALBANS DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Karyn Ann*   3/25/08   5619559896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #