2006 FOR PROFIT CORPORATION

FILED Jan 17, 2006 08:00 AM

ANNUAL REPORT			Secretary of State		
DOCUMENT # P02000095503 1. Entity Name BRADEN LAND SURVEYING, INC.			56	cretary or State	
Principal Place of Business 7236 STATE RD 52 SUITE 8 BAYONEY POINT, FL 34667	Mailing Address 7236 STATE RD 52 SUITE 8 BAYONEY POINT, FL 34667			######################################	
DO NOT WRITE IN THIS SPACE		CE	01102006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 13-4213308 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BRADEN, LLOYD J 11750 SEMINOLE DR NEW PORT RICHEY, FL 34654		DO NOT WRITE 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 accept the obligations of registered agent. SIGNATURE Land Land Land J. Braden President Signature Aport or princed or princed name of registered agent and talle if applicable (NOTE, Registered Agent agreetive required when revisiting) Out:					
FILE NOW!!! FEE IS \$150.0 After May 1, 2006 Fee will be \$	9. Election Campaign Finar 1550.00 Trust Fund Contribution.		00 May Be ed to Fees		
INTLE D NAME BRADEN, LLOYD J STREET ADDRESS 11750 SEMINOLE DR CHY-SI-ZIP NEW PORT RICHEY, FL			01/19/	000388232 06-80071-008 158.75	
ITILE D NAME BRADEN, JEANNE L STREET ADDRESS 11750 SEMINOLE DR CITY-ST-ZIP NEW PORT RICHEY, FL (34654 .				
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE		DO NOT WRITE IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP			III III	SPACE	
NAME STREET ADDRESS CRY - ST. 7P					

12. I hereby certify that the information supplied with this filling 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.

TATLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR