2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED DOCUMENT # P03000020322 Jul 15, 2008 08:00 AM 1. Entity Name **Secretary of State** BRISKA, INC. Principal Place of Business Mailing Address 8596 SOUTHWIND BAY CIRCLE 8596 SOUTHWIND BAY CIRCLE FORT MYERS, FL 33908 FORT MYERS, FL 33908 CR2E034 (11/05) 07112008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 16-1654254 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent URICH, RICHARD DO NOT WRITE 8596 SOUTHWIND BAY CIRCLE FORT MYERS, FL 33908 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOT), Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607,193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS 10. THILE URICH, RICHARD NAME STREET ADDRESS 8596 SOUTHWIND BAY CIRCLE CITY 51-21P FORT MYERS, FL 33908 U00000954888 TOLE 07/15/08-80002-006 150.00 NAME URICH, BRENDA 8596 SOUTHWIND BAY CIRCLE STREET ADDRESS FORT MYERS, FL 33908 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS 12. Thereby 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 shell 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.

Daytime Phone #