

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041037

FILED
Apr 24, 2008
Secretary of State

Entity Name: BRANIER ORTHOPEDIC CUSTOM MOLDED SHOES, INC.

Current Principal Place of Business:

10301 N.W. 50 ST.
SUITE 109
SUNRISE, FL 33351

New Principal Place of Business:

527 POMEGRANATE AVE
SEBRING, FL 33870

Current Mailing Address:

10301 N.W. 50 ST.
SUITE 109
SUNRISE, FL 33351

New Mailing Address:

527 POMEGRANATE AVE
SEBRING, FL 33870

FEI Number: 14-1882184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, KEITH
10301 N.W. 50 ST.
SUITE 109
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

COLLINS, KEITH
527 POMEAGRANATE AVE
SEBRING, FL 33870 US

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.

SIGNATURE:

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: PATRICIA, COLLINS
Address: 10301 N.W. 50 ST. SUITE 109
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: COLLINS, KEITH
Address: 10301 N.W. 50 ST. SUITE 109
City-St-Zip: SUNRISE, FL 33351

Title: P () Delete
Name: LANIER, KAREN K
Address: 10301 N.W. 50 ST. SUITE 109
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: PATRICIA, COLLINS
Address: 537 POMEGRANATE AVE
City-St-Zip: SEBRING, FL 33870 US

Title: D (X) Change () Addition
Name: COLLINS, KEITH
Address: 527 POMEGRANATE AVE
City-St-Zip: SEBRING, FL 33870 US

Title: P (X) Change () Addition
Name: LANIER, KAREN K
Address: 527 POMEGRANATE AVE
City-St-Zip: SEBRING, FL 33870 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN K LANIER

P

04/24/2008

Electronic Signature of Signing Officer or Director

Date