

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000060824

1. Entity Name  
BRASSELL ENTERTAINMENT, INC.



**FILED  
Aug 28, 2006 8:00 am  
Secretary of State**

08-28-2006 90004 012 \*\*\*150.00

Principal Place of Business  
15927 AUTUMN GLEN AVENUE  
CLERMONT, FL 34711

Mailing Address  
15927 AUTUMN GLEN AVENUE  
CLERMONT, FL 34711

00000000

**DO NOT WRITE IN THIS SPACE**

07272006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0111032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**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

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  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BRASSELL, MIKE  
STREET ADDRESS 15927 AUTUMN GLEN AVENUE  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D  
NAME BRASSELL, ELIZABETH  
STREET ADDRESS 15927 AUTUMN GLEN AVENUE  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Michael Brassell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/06

Date

407.792.0456

Daytime Phone #



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