


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

08-28-2006 90004 012 ***150.00

DOCUMENT # P03000060824 1. Entity Name BRASSELL ENTERTAINMENT, INC.	
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Principal Place of Business 15927 AUTUMN GLEN AVENUE CLERMONT, FL 34711	Mailing Address 15927 AUTUMN GLEN AVENUE CLERMONT, FL 34711
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07272006 No Chg-P CR2E034 (11/05)

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4. FEI Number 20-0111032	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEDLIN, SHARRON 2692 W. LAKE MARY BOULEVARD LAKE MARY, FL 32746

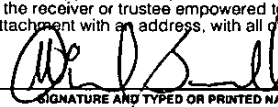
DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRASSELL, MIKE 15927 AUTUMN GLEN AVENUE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRASSELL, ELIZABETH 15927 AUTUMN GLEN AVENUE CLERMONT, FL 34711
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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	Date 8.14.06 Daytime Phone # 407.792.0456