

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90361 013 \*\*\*150.00

<b>DOCUMENT # P03000130289</b>					
<b>1. Entity Name</b> BRANDAN BUSHWAY, INC.					
<b>Principal Place of Business</b> 1080 S HOAGLAND BLVD, STE 5 KISSIMMEE, FL 34741			<b>Mailing Address</b> 1080 S HOAGLAND BLVD, STE 5 KISSIMMEE, FL 34741		
<b>2. Principal Place of Business</b> 1416 8th STREET Suite, Apt. #, etc. St Cloud		<b>3. Mailing Address</b> 1416 8th St Suite, Apt. #, etc. St Cloud		<b>50041288</b> 	
City & State St. Cloud, FLORIDA		City & State St. Cloud FLORIDA		03072005    Chg-F    CR2E034 (10/03)	
Zip 34769		Country OR206A		<b>4. FEI Number</b> 20-0386144	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BUSHWAY, BRANDAN 1080 S HOAGLAND BLVD, STE 5 KISSIMMEE, FL 34741			<b>7. Name and Address of New Registered Agent</b> Name BRANDAN Bushway Street Address (P.O. Box Number is Not Acceptable) 1416 8th STREET City St. Cloud    FL    Zip Code 34769		
<b>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.</b> SIGNATURE:     DATE: 3-7-05					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS BUSHWAY, BRANDAN 1080 S HOAGLAND BLVD, STE 5 KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS BRANDAN Bushway 1416 8th St. ST CLOUD, FLORIDA 34769	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b>			3/7/05    407-908 4221		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		