

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000140279			
1. Entity Name BRAINVILLE, INC.			
Principal Place of Business 312 SHORE DRIVE EAST OLDSMAR, FL 34677		Mailing Address 312 SHORE DRIVE EAST OLDSMAR, FL 34677	
DO NOT WRITE IN THIS SPACE			
		01162007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 33-1076785	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEAR, ROBERT L ESQ. 2650 MCCORMICK DRIVE SUITE 130 CLEARWATER, FL 33759		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000617288 02/07/07-80067-022 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAPIEGA, JANIS G 312 SHORE DRIVE EAST OLDSMAR, FL 34677		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SAPIEGA, EDWARD L 312 SHORE DRIVE EAST OLDSMAR, FL 34677		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		1/31/2007 727-643-7181	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	