


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000148226		
1. Entity Name BRAD'S TRIM, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -2 AM 11:34

Principal Place of Business 4790 DAVIS LANE CRESTVIEW, FL 32539	Mailing Address 4790 DAVIS LANE CRESTVIEW, FL 32539
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08302005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0535828	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		7. Name and Address of New Registered Agent	
BRADFORD, DANNY E 4790 DAVIS LANE CRESTVIEW, FL 32539		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADFORD, DANNY E			NAME	800059536438		
STREET ADDRESS	4790 DAVIS LANE			STREET ADDRESS	09/12/05--01060--003		
CITY-ST-ZIP	CRESTVIEW, FL 32539			CITY-ST-ZIP	**61.25		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADFORD, LANA L			NAME			
STREET ADDRESS	4790 DAVIS LANE			STREET ADDRESS			
CITY-ST-ZIP	CRESTVIEW, FL 32539			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	Sec. Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Anthony L. Villareal		
STREET ADDRESS				STREET ADDRESS	4758 Davis lane		
CITY-ST-ZIP				CITY-ST-ZIP	Crestview, FL 32539		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 empowerments.

SIGNATURE: <u>Danny E. Bradford</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>30 Aug 05</u>	Daytime Phone #: <u>850 679-2235</u>
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