2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State
07-19-2005 90040 007 ***150.00

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07132005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000001317

1. Entity Name
BRATTIX, INC.

Principal Place of Business
2901 SW 41 ST #3501
OCALA, FL 34474

Mailing Address
2901 SW 41 ST #3501
OCALA, FL 34474

2. Principal Place of Business
6112 NW 110th St.
Suite, Apt. #, etc.
City & State
Reddick, FL
Zip 32686-4639 Country Marion

3. Mailing Address
6112 NW 110th St
Suite, Apt. #, etc.
City & State
Reddick, FL
Zip 32686-4639 Country USA

4. FEI Number 20 057 8829 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ANTHONY, BRENDAN K
2901 SW 41 ST #3501
OCALA, FL 34474

7. Name and Address of New Registered Agent
Name Anthony, Brendan K.
Street Address (P.O. Box Number is Not Acceptable) 6112 NW 110th St.
City Reddick FL Zip Code 32686-4639

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 Brendan Anthony 7/14/05
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 7, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY, BRENDAN K 2901 SW 41 ST #3501 OCALA, FL 34474 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition Anthony, Brendan K 6112 NW 110th St. Reddick, FL 32686-4639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Brendan Anthony 7/14/05 352-361-6400
* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #