

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000057773

Entity Name: THE BRA CLIP, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

1361 OSCEOLA PARKWAY
#405
KISSIMMEE, FL 34744

Current Mailing Address:

1101 MIRANDA LANE
KISSIMMEE, FL 347410769

New Principal Place of Business:

3956 TOWN CENTER BLVD
#581
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 38-3700070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAREN B. SCHAPIRA, PA
200 SE 1ST ST. STE 705
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BAKER, KATHY
Address: 1361 OSCEOLA PARKWAY, #405
City-St-Zip: KISSIMMEE, FL 34744

Title: T () Delete
Name: BAKER, KAREN
Address: 514 G STREET, NE, SUITE B
City-St-Zip: WASHINGTON, DC 20002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: BAKER, KATHY
Address: 3956 TOWN CENTER BLVD #581
City-St-Zip: ORLANDO, FL 32837

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY BAKER

PRES

04/28/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date