2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2008 8:00 am Secretary of State

DOCUMENT # P04000128200 1. Entity Name BRIMON, INC.					92-28-2008 90009 018 ***150.00					
Principal Plac	e of Business	Mailing Address		.0075	5 77					
		32 PETIGRU DRIVE		โต้กก็วส	40034222					
Beaufort, S	SC 29902 US	BEAUFORT, SC 29902	US	<i>.</i>						
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2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
2214 Ro	semoore_Walk	2214 Rosemoore	e Walk		S CONTRACTOR SENSON SERVICES S	aims 374 til 11 dag cariff it Bit Affilf AR	itaet fi izai			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02182008	Chg-P	CR2E034 (12/06)				
City & Stat	е	City & State	,	4. FEI Numb	er	l Ac	plied For			
Marietta	a, GA	Marietta, GA	arietta, GA		2329		t Applicable			
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 Add				
30062	6. Name and Address of Current	30062		7 None ou	A	Fee Require	d 			
	c. Inding the Audices of Culletti	Inchipment whelk	Name	7. Name and Address of New Registered Agent Name						
	HAMILTON, CPA, PA		Chrant							
	RY STREET DLA, FL 32503		Street	Street Address (P.O. Box Number is Not Acceptable)						
LINOAGO	LA, I E 02000									
			City			FL Zip Cod	e			
R The above	named entity submits this statement for	or the ourness of changing its	soistand office s	er registered agent, or be	th in the Clote of F	· - 1				
the obligat	ions of registered agent.	or the purpose or changing its r	egistered office (or registered agent, or bo	un, an the State of F	ioriga. Tam tamiliar with,	and accept			
SIGNATURE.										
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signs	ture required when reinstating)		DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees						
10.	OFFICERS AND	DIRECTORS	11.		/CHANGES TO OF	FICERS AND DIRECTORS	S IN 11			
TITLE	P	Delete	TITLE	<u>P</u>		X Change	☐ Addition			
NAME Street Address	· · · · · · · · · · · · · · · · · · ·		NAME STREET ADDRESS		nompson, Monica					
CITY-ST-ZIP			CITY-ST-ZIP		14 Rosemoore Walk rietta, GA 30062					
mre		☐ Delete	TITLE	mariecta, Gr	1 30002	Change	Addition			
NAME			NAME				D			
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	 						
TITLE NAME	•	☐ Delete	TITLE NAME			☐ Change	☐ Addition			
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		Delete	TITLE			☐ Change	Addition			
NAME Street address			NAME STREET ADDRESS							
CHY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition			
NAME			NAME			-				
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP							
		□ n.l.u.		 			Malatita =			
TITLE NAME ,	,	☐ Delete	title Name			Change	☐ Addition			
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
12. I hereby o	certify that the information supplied wit	h this filing does not qualify for	the exemptions	contained in Chanter 11	9 Florida Statutes	I further certify that the in	formation			

12. I fereby certify that the information supplied with this filling 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:	* Marice	Inpo-	xMonica	Thompson	x2-24-08	x 7766274842
	SIGNATURE AND TYPE	OR PRINTED WHE OF SIGNING OFF	ICER OR DIRECTOR	V	Date	Daytime Phone #