2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150158

Entity Name: MYBRANDVAULT, INC

Address:

City-St-Zip:

449 CENTRAL AVENUE, SUITE 105

ST. PETERSBURG, FL 33701 US

FILED Mar 27, 2008 Secretary of State

y	WI BIONGEY, INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
SUITE 105	RAL AVENUE 5 RSBURG, FL 33701 US			
	,			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
SUITE 105	RAL AVENUE 5 RSBURG, FL 33701 US		705 18TH AVENUE NORTHEAST ST. PETERSBURG, FL 33704 US	
FEI Number:	: 73-1722493 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
SUITE 105 ST. PETER The above	RAL AVENUE 5 RSBURG, FL 33701 US 9 named entity submits this statement for the	e purpose of changing its registered	d office or registered agent, or both,	
in the State	e of Florida.			
SIGNATU				
	Electronic Signature of Registered A	Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete ROBINSON, JERRY 449 CENTRAL AVENUE, SUITE 105 ST. PETERSBURG, FL 33701 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () Delete SHEPHERD, KATHLEEN 449 CENTRAL AVENUE, SUITE 105 ST. PETERSBURG, FL 33701 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	STD () Delete ROBINSON, MARY JO	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JERRY ROBINSON PD 03/27/2008