2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Mar 08, 2006 08:00 AM **Secretary of State** DOCUMENT # P04000167457 BRADY DEVELOPMENT, INC. Principal Place of Business Mailing Address 937 S BIRDWOOD DR 937 S BIRDWOOD DR ORANGE PARK, FL 32073-5341 ORANGE PARK, FL 32073-5341 03052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2003980 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAX CO DO NOT WRITE 50 N LAURA STREET SUITE 3300 JACKSONVILLE, FL 32202 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BRADY, DALE J NAME 937 S BIRDWOOD DR STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 320735341 HOUDEHARDERS NAME 1137 1157 (IN 210058-018 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

12. I hereby 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 507, 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:	al.	Vocas DALE	F I BEADY	03/05/2006	204-264-0845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			FICER OR DIRECTOR	Oste	Otryimo Prone t