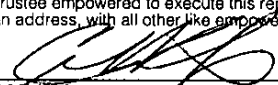


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90349 033 ***150.00

DOCUMENT # P04523 1. Entity Name BRYANSTON GROUP, INC.					
Principal Place of Business 2424 RT 52 HOPWELL JUNCTION, NY 12533 US			Mailing Address 2424 RT 52 HOPWELL JUNCTION, NY 12533 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 58-1594136 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				04282006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM INC 1201 HAYES STREET SUITE 105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOLLMAN, BEATRICE 2424 RT 52 HOPWELL JUNCTION, NY 12533	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KENDZIERA, CRAIG 2424 RT 52 HOPWELL JUNCTION, NY 12533	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEVENSEN, ROBERT 2424 RT 52 HOPWELL JUNCTION, NY 12533	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PLEMMONS, JODEE 2424 RT 52 HOPWELL JUNCTION, NY 12533	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
12. I hereby certify that the information supplied with this filing 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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/28/06</u> Daytime Phone # _____		