2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000003322 1. Entity Name 02-22-2007 90008 009 ***158.75 RONBREN, INC. Mailing Address Principal Place of Business 3706 9TH STREET EAST 3706 9TH STREET EAST BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2583 YTH ST EAST 2583 4TH ST EAST Suite, Apt. #, etc. Suite, Apt. #, etc. 02052007 CR2E034 (12/06) Chg-P Applied For 4. FEI Number City & State City & State FURIDA BRADENTON BRADENTON 20-2131464 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 34208 34208 TANAM Fee Required MANATEE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RANDALL, RONNIE Street Address (P.O. Box Number is Not Acceptable) **2583 4TH ST EAST** BRADENTON, FL 34208 Zip Code City FL 8. The epove 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 sulfigations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remstantia) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE □ Detete TITLE RANDALL, RONNIE NAME NAME 2583 4TH ST EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-7IP ☐ Change ☐ Addition Delete TETL F TITLE NAME RANDALL, BRENDA NAME STREET ADDRESS 2583 4TH ST EAST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-SI-ZIP ☐ Change ☐ Addition Deiete TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7P ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/17-S1-709 Delete ☐ Change ■ Addition TITLE TITLE HAME NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 regeiver 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:

FILED

Feb 22, 2007 8:00 am