ANNUAL REPORT

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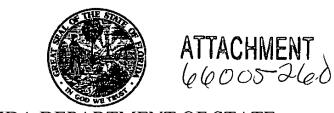
2006 FOR PROFIT CORPORATION

Mar 15, 2006 8:00 am Secretary of State 02-27-2006 90069 018 ***150.00 DOCUMENT # P05000004437 BRDH ENTERPRISES, INC. Principal Place of Business **Mailing Address** 1102 S OTTO POINT 1102 S OTTO POINT INVERNESS, FL 34450-3561 INVERNESS, FL 34450-3561 2. Principal Place of Business 3. Mailing Address Suite, Apl. #. etc. Suite, Apt. #, etc. 01312006 CR2E034 (11/05) City & State City & State Applied For Not Applicable Zιο Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAINS, JAMES Street Address (P.O. Box Number is Not Acceptable) 1102 S OTTO POINT INVERNESS: FL 34450-3561 City Zip Code FL 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. Signalitie, typed or ponted name of inguisticing agent and libe if application. (HQ1E: Perpetaints Agent signature required which reinstating) OAFE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DILE ח י Delete URE ☐ Change ☐ Addition RAINS, JAMES NAME 1102'S OTTO POINT STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP INVERNESS, FL 344503561 C11Y-51-21P NTLE Oelete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition MAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-MP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CHY-SI-7P ☐ Change -TITLE ----Delete TITLE Addition NAME ~ NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 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 "vindicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 activess, with all other like empowered.

FILED

x 2-13-06

2/7



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2006

BRDH ENTERPRISES, INC. 1102 S OTTO POINT INVERNESS, FL 34450-3561 3/12/06 Hory for the omission in Bloch 4.

Subject: BRDH ENTERPRISES, INC.

Reference Number:

P05000004437-

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD ANNUAL REPORTS SECTION