

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017458

FILED
Apr 30, 2008
Secretary of State

Entity Name: BRADY MACHINING & FABRICATIONS, INC.

Current Principal Place of Business:

1010 CR 731
VENUS, FL 33896

New Principal Place of Business:

Current Mailing Address:

5884 BRADY TRAIL
SEBRING, FL 33875

New Mailing Address:

FEI Number: 20-2280023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT E. LIVINGSTON, P.A.
445 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENRY, BRADY E SR.
Address: 5884 BRADY TRAIL
City-St-Zip: SEBRING, FL 33875

Title: S,T () Delete
Name: BRADY, VIRGINIA A
Address: 5884 BRADY TRAIL
City-St-Zip: SEBRING, FL 33875

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BRADY, ROBERT A
Address: 5884 BRADY TRAIL
City-St-Zip: SEBRING, FL 33875

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.

SIGNATURE: HENRY E BRADY SR

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date