2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 31, 2008 08:00 AM DOCUMENT # P05000025724 **Secretary of State** BRI CONSULTING CORP. Principal Place of Business Mailing Address 1351 RANCHETTE RD. 1351 RANCHETTE RD. WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-2363130 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BYRNE, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 1351 RONCHETTA RD. WEST PALM BEACH FL 33415 Zip Code City 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 Spharting, typed or craned name of the clered abent and the Tachicaste. GOTE Registered Apert signature required when reinmails of DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST TIT: F De ete TITLE Change Addition NAME BYRNE, JOSEPH R. NAME 000000807430 02/07/08-80008-008 150.00 STREET ADDRESS STREET ADDRESS 1351 RANCHETTE RD. CITY-ST-ZIZ City-St-ZiP WEST PALM BEACH FL 33415 Derete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Change Addition ☐ Darete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE THE NAME NAM: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deiete ☐ Change ☐ Addition TITLE FITTE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

JOSEPH R. BYRNE