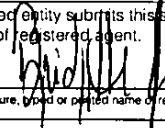
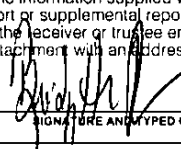


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90022 029 ***158.75

DOCUMENT # P05000044290 1. Entity Name BRI E' PRODUCTIONS INC			
Principal Place of Business 784 WAYNE AVE ALTAMONTE SPRINGS, FL 32701		Mailing Address 784 WAYNE AVE ALTAMONTE SPRINGS, FL 32701	
2. Principal Place of Business 251 Maitland Ave. Suite, Apt. #, etc. Suite # 211		3. Mailing Address 251 Maitland Ave. Suite, Apt. #, etc. Suite # 211	
City & State Altamonte Springs, FL. Zip 32701		City & State Altamonte Springs, FL. Zip 32701	
Country USA		Country USA	
4. FEI Number 20-3092931		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS-ROSADO, BRIDGITTE 784 WAYNE AVE ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name Morris - Rosado, Bridgitte Street Address (P.O. Box Number is Not Acceptable) 251 Maitland Ave. Suite Suite 211 City Altamonte springs FL Zip Code 32701	
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  Bridgitte Morris-Rosado (CEO) DATE 6/7/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS-ROSADO, BRIDGITTE 784 WAYNE AVE ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, ANTHONY R 784 WAYNE AVE ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> 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  Bridgitte Morris-Rosado (President) Date 6/7/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	