2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044926

FILED Mar 17, 2006 Secretary of State

Entity Na	me: BRADEN	FON RESEARCH CENTER, IF	NC.			
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
3915 8TH AVENUE WEST BRADENTON, FL 34205				AVENUE WEST ON, FL 34205	US	
Current Mailing Address:			New Mailing Address:			
POST OFFICE DRAWER 9349 BRADENTON, FL 34206				3915 8TH AVENUE WEST BRADENTON, FL 34205 US		
FEI Number	: 16-1720183	FEI Number Applied For()	FEI Number Not App	licable () C	ertificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and	Address of Nev	/ Registered Agent:	
802 11TH BRADENT The above	STREET WES ON, FL 34205		ourpose of changing i	ts registered offic	e or registered agent, or	both,
SIGNATU						
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D () MCELVEEN, CA P.O. DRAWER S BRADENTON, F	934	Title: Name: Address: City-St-Zip:	D (X) CH MCELVEEN, CARG 3915 8TH AVENUE BRADENTON, FL	WEST	
Title: Name: Address: City-St-Zip:	P () MCELVEEN, CA P.O. DRAWER S BRADENTON, F	934	Title: Name: Address: City-St-Zip:	P (X) CH MCELVEEN, CARC 3915 8TH AVENUE BRADENTON, FL	WEST	
Title: Name: Address: City-St-Zip:	V () MCELVEEN, CA P.O. DRAWER S BRADENTON, F	934	Title: Name: Address: City-St-Zip:	V (X) CH MCELVEEN, CARC 3915 8TH AVENUE BRADENTON, FL	WEST	
Title: Name: Address: City-St-Zip:	S () MCELVEEN, CA P.O. DRAWER S BRADENTON, F	934	Title: Name: Address: City-St-Zip:	S (X) CH MCELVEEN, CARC 3915 8TH AVENUE BRADENTON, FL	WEST	
Title: Name: Address: City-St-Zip:	T () MCELVEEN, CA P.O. DRAWER! BRADENTON, F	934	Title: Name: Address: City-St-Zip:	T (X) CH MCELVEEN, CARC 3915 8TH AVENUE BRADENTON, FL	WEST	

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN B. MCELVEEN **PVST** 03/17/2006