

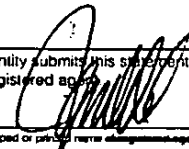
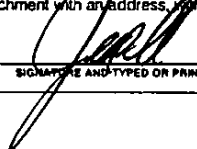


FILED
May 16, 2008 8:00 am
Secretary of State

04-17-2008 90009 028 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000059516 1. Entity Name BRIMLEY, INC.		
Principal Place of Business 803 JENKS AVE STE 22 PANAMA CITY, FL 32401		Mailing Address 803 JENKS AVE STE 22 PANAMA CITY, FL 32401
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RAY, JAMES E 803 JENKS AVE STE 22 PANAMA CITY, FL 32401		66010800  02022008 No Chg-P CR2E034 (11/05) 4. FEI Number 20-3379978 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
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:  DATE: 1/6/08 <small>Signature, typed or printed name, date, and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BROOKS, JONATHAN L 2500 PLEASANT VIEW LN KNOXVILLE, TN 37914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORLEY, LOUIS J JR 194 SANDCLIFFS PANAMA CITY, FL 32413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, JAMES E 803 JENKS AVE STE 22 PANAMA CITY, FL 32401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		