2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087692

Entity Name: BRANDS ILLUSTRATED, INC.

FILED Mar 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

558 HARRISON AVENUE 4850 OCEAN BEACH BLVD

CAPE CANAVERAL, FL 32920 #405 US

COCOA BEACH, FL 32931 US

Current Mailing Address: New Mailing Address:

558 HARRISON AVENUE 4850 OCEAN BEACH BLVD

CAPE CANAVERAL, FL 32920 US #405

COCOA BEACH, FL 32931 US

FEI Number: 04-3826197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STONE, JAMES B STONE, JAMES B

558 HARRISON AVENUE 4850 OČEAN BEACH BLVD

CAPE CANAVERAL, FL 32920 US #405 COCOA BEACH, FL 32931 US

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: JAMES STONE 03/13/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

STONE, JAMES B STONE, JAMES B Name: Name: 558 HARRISON AVENUE 4850 OCEAN BEACH BLVD, #405 Address: Address:

City-St-Zip: CAPE CANAVERAL, FL 32920 US City-St-Zip: COCOA BEACH, FL 32931 US

Title: Title: (X) Change () Addition () Delete KANDALAFT, LISA Name: Name:

KANDALAFT, LISA

558 HARRISON AVENUE 4850 OCEAN BEACH BLVD, #405 Address: Address: COCOA BEACH, FL 32931 US CAPE CANAVERAL, FL 32920 US City-St-Zip: City-St-Zip:

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: LISA KANDALAFT S/T 03/13/2007