2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Sep 05, 2008 8:00 am Secretary of State 09-05-2008 90001 042 ***150.00 DOCUMENT # P05000095561 1. Entity Name **BRANDXADS INC** ADTIONOO Principal Place of Business Mailing Address 224 DATURA STREET SUITE 800 224 DATURA STREET SUITE 800 1100 1100 WEST PALM BEACH, FL 33401-5639 WEST PALM BEACH, FL 33401-5639 Principal Place of Business - No P.Q. Box # 08252008 CR2E034 (12/06) Chg-P 4. FEI Number Applied For 20-3090821 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERG, STEPHEN D 224 DATURA STREET SUITE 800 Street Address (P.O. Box Number is Not Acceptable) 1100 WEST PALM BEACH, FL 33401-5639 Zip Code 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_ Signature, typed or purited name of rem and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 12, 2008 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Change TITLE ☐ Delete TITLE ☐ Addition BERG, STEPHEN D NAME NAME STREET ADDRESS 224 DATURA STREET SUITE 800 STREET ADDRESS WEST PALM BEACH, FL 334015639 CITY-ST-ZIP CITY-ST-ZIP REF ☐ Delete ☐ Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-ZIP Channe ☐ Addition ☐ : Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

YPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED