


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90113 033 ***150.00

DOCUMENT # P05000131022	
1. Entity Name BRAG ABOUT BABY INCORPORATED	

Principal Place of Business 12289 NORTHWEST 57TH STREET CORAL SPRINGS, FL 33076-3643	Mailing Address 12289 NORTHWEST 57TH STREET CORAL SPRINGS, FL 33076-3643
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2. Principal Place of Business 5144 Northwest 57th Drive Suite, Apt. #, etc.	3. Mailing Address 5144 Northwest 57th Drive Suite, Apt. #, etc.
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City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33067-4025	Country
Zip 33067-4025	Country

04012006 Chg-P CR2E034 (11/05)

4. FEI Number 36-4581364	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HANNA, STEPHANIE L 12289 NORTHWEST 57TH STREET CORAL SPRINGS, FL 33076-3643	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 5144 Northwest 57th Drive	
City Coral Springs	Zip Code FL 33067

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 <i>x [Signature]</i>	DATE <i>x 4/18/06</i>

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HANNA, STEPHANIE L 12289 NORTHWEST 57TH STREET CORAL SPRINGS, FL 330763643 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5144 Northwest 57th Drive Coral Springs, FL 33067-4025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>x [Signature]</i>	Stephanie L. Hanna <i>x 4/18/06</i> 954-575-9825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #