

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000136970

1. Entity Name  
BRACE YOURSELF SYSTEMS INC.



**FILED  
May 12, 2006 8:00 am  
Secretary of State**

05-12-2006 90027 038 \*\*\*150.00

Principal Place of Business  
1954 GOLDEN ROD STREET  
SARASOTA, FL 34239

Mailing Address  
1954 GOLDEN ROD STREET  
SARASOTA, FL 34239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

05082006 Chg-P CR2E034 (11/05)

4. FEI Number  
20-4532706

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCGUIRE, LINDA  
1954 GOLDEN ROD STREET  
SARASOTA, FL 34239

Name  
McGuire, Linda

Street Address (P.O. Box Number is Not Acceptable)

1814 N. E. 2nd Ave.

City  
Cape Coral

FL Zip Code  
33909

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

*Linda McGuire*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*May 9-06*

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
WATTS, ROBERT  
1954 GOLDEN ROD STREET  
SARASOTA, FL 34239

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
Watts, Robert  
1814 N.E. 2nd Ave.  
Cape Coral, FL 33909

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  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: *Linda McGuire LINDA MCGUIRE 5-09-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #