


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90059 010 ***150.00

DOCUMENT # P06000057626 1. Entity Name BRYN YEMM INTERNATIONAL INC.					
Principal Place of Business 6285 SLEEPY HOLLOW DR TITUSVILLE, FL 32780 US				Mailing Address 6285 SLEEPY HOLLOW DR TITUSVILLE, FL 32780 US	
2. Principal Place of Business - No P.O. Box # 539 CLAREWOOD BLVD		3. Mailing Address 539 CLAREWOOD BLVD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State TITUSVILLE, FL		City & State TITUSVILLE		4. FEI Number 11-3778019	
Zip 32796		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YENN, BRYN 6285 SLEEPY HOLLOW DR TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent Name YEMM, BRYN MORE Street Address (P.O. Box Number is Not Acceptable) 539 CLAREWOOD BLVD City TITUSVILLE FL Zip Code 32796			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P/D NAME YEMM, BRYN MORE STREET ADDRESS 6285 SLEEPY HOLLOW DR CITY-ST-ZIP TITUSVILLE, FL 32780	<input type="checkbox"/> Delete		TITLE P/D NAME YEMM, BRYN MORE STREET ADDRESS 539 CLAREWOOD CITY-ST-ZIP TITUSVILLE FL 32796	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: Bryn Yemm SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			BRYN MORE YEMM PRESIDENT		
			(321) 363 0308 Daytime Phone #		