2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 02, 2007 8:00 am Secretary of State **DOCUMENT # P06000118033** 05-02-2007 90053 041 ***150.00 BRIAN'S TRIM, INC. Principal Place of Business Mailing Address 40098484 350 CLEMENTS ROAD 350 CLEMENTS ROAD FERNANDINA BEACH, FL. 32034 FERNANDINA BEACH, FL 32034 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012007 CR2E034 (12/06) 4. FEI Number 20-5437297 City & State City & State Applied For Not Applicable Zip Country Zīp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROUSSARD, SEWARD L Street Address (P.O. Box Number is Not Acceptable) 313 OTTER RUN DRIVE FERNANDINA BEACH, FL 32034 City 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition BROUSSARD, BRIAN D NAME NAME STREET ADDRESS 350 CLEMEMTS ROAD STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-ZIP ST TITLE ☐ Defete TITLE 95540 Clements Rd. Fernandina Beach, FL 32034 BROUSSARD, SEWARD L NAME NAME 313 OTTER RUN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FERNANDINA, FL 32034 CITY-ST-ZIP TITLE ☐ Detete TITLE 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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-7IP 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.

FILED