## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000151752

City-St-Zip:

SAINT PETERSBURG, FL 33716

FILED Apr 06, 2008 Secretary of State

| Entity Na                                     | me: ELEPH/                                   | ANTBRAIN, INC.                    |                 |  |                                |             |                   |              |
|---|--|-----------------------------------|-----------------|--|--------------------------------|-------------|-------------------|--------------|
| Current Principal Place of Business:          |  |                                   |                 | New Principal Place of Business:             |                                |             |                   |              |
| UNIT F  | OVE GRADE<br>AST, FL 321:                    |                                   |                 |  |                                |             |                   |              |
| Current Mailing Address:                      |  |                                   |                 | New Mailing Address:                         |                                |             |                   |              |
| UNIT F  | OVE GRADE<br>AST, FL 321:                    |                                   |                 |  |                                |             |                   |              |
| FEI Number                                    | : 20-8028829                                 | FEI Number Applied For (          | ) FEI Nu        | mber Not App                                 | licable ( )                    | Certifica   | ate of Status Des | sired ( )    |
| Name and Address of Current Registered Agent: |  |                                   |                 | Name and Address of New Registered Agent:    |                                |             |                   |              |
| 9422 TARA<br>SEMINOLI<br>The above            | E, FL 33776<br>named entity<br>e of Florida. | US<br>y submits this statement fo | r the purpose o | of changing i                                | ts registered                  | office or r | egistered age     | nt, or both, |
|   | Electro                                      | onic Signature of Registere       | ed Agent        |  |                                |             | Date              |              |
| Election Car                                  | mpaign Financi                               | ing Trust Fund Contribution (     | ).              |  |                                |             |                   |              |
| OFFICERS AND DIRECTORS:                       |  |                                   |                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |                                |             |                   |              |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   |  |                                   |                 | Title:<br>Name:<br>Address:<br>City-St-Zip:  |                                | ( ) Change  | ( ) Addition      |              |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   |  |                                   |                 | Title:<br>Name:<br>Address:<br>City-St-Zip:  |                                | ( ) Change  | ( ) Addition      |              |
| Title:<br>Name:<br>Address:                   | S (<br>KERIN, ERIC<br>9951 12TH W            |                                   |                 | Title:<br>Name:<br>Address:                  | S<br>KERIN, ERIC<br>8015 125TH |             | ( ) Addition      |              |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SEMINOLE, FL 33772

SIGNATURE: ALEXANDER W. WINGEIER 04/06/2008 P, T