## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 09, 2008 8:00 am **Secretary of State** DOCUMENT # P07000073820 01-09-2008 90010 025 \*\*\*158.75 BRAUER CONSULTING, INC. Principal Place of Business Mailing Address 24 COUNTRY CLUB RD. 24 COUNTRY CLUB RD. SHALIMAR, FL 32579 SHALIMAR, FL 32579 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052008 Chg-P CR2E034 (12/06) City & State 4. FEI Number City & State Applied For 26-04728*53* Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRAUER, RICHARD F. JR. Street Address (P.O. Box Number is Not Acceptable) 24 COUNTRY CLUB RD. SHALIMAR, FL 32579 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, 2008 Fee will be \$550.00 Trust Fund Contribution. $\Box$ Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ПЛЕ ☐ Delete TITLE ☐ Change ☐ Addition BRAUER, LYNN J. NAME STREET ADDRESS STREET ADDRESS 24 COUNTRY CLUB RD. CITY-ST-ZIP SHALIMAR, FL 32579 CITY-ST-ZIP TITLE □ Delete TIFLE ☐ Change Addition BRAUER, RICHARD F. JR. NAME NAME STREET ADDRESS 24 COUNTRY CLUB RD. STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32579 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DIE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP

FILED

January 6, 2008 (850)651-8380 SIGNATURE:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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 the empowered.