

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90009 044 ***150.00

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1. Entity Name
BRANG THE PAIN, INC.



Principal Place of Business
829 CADOGAN AVENUE
ORLANDO, FL 32811

Mailing Address
829 CADOGAN AVENUE
ORLANDO, FL 32811

40055507

2. Principal Place of Business - No P.O. Box #412
2550 W Colonial Drive
Suite, Apt. #, etc. #412

3. Mailing Address #412
2550 W Colonial Drive
Suite, Apt. #, etc. #412

03212008 Chg-P CR2E034 (12/06)



City & State
Orlando FL
Zip 32811 Country U.S.

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Orlando FL
Zip 32811 Country U.S.

4. FEI Number
02-0808516
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMALLEY & COMPANY, P.L.
1517 E. HILLCREST STREET
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name
Smalley & Company PL
Street Address (P.O. Box Number is Not Acceptable)
1517 E. Hillcrest Street
City Orlando FL Zip Code 32803

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 The Hearn #1 DATE 3-28-08
Signature, typed or printed name of registered agent, and fee if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME P
STREET ADDRESS HEARNS, IKE
CITY-ST-ZIP 829 CADOGAN AVENUE
ORLANDO, FL 32811 ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: The Hearn #1 DATE 3-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #