2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT					
1. Entity Nam	MENT # P920000025 B BRADY, P.A.	539			ILED 28 PM 1:29
370 W CAMII STE 200C				TALLAHASSLE, FLORIDA	
DO NOT WRITE IN THIS SPACE				02152007 No Chg-P 4. FEI Number 65-0361131 5. Certificate of Status Desired	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BRADY, FRANK R 370 W CAMINO GARDENS BLVD STE 200 C BOCA RATON, FL 33432			DO NOT WRITE IN THIS SPACE		
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 life tappicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 5000 910091009-003 **372.50					
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND D PD BRADY, FRANK R 370 CAMINO GARDENS BLVD BOCA RATON, FL VDS BRADY, JEANNE C 370 CAMINO GARDENS BLVD BOCA RATON, FL 33432	RECTORS	\$13/) _/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
hateoibní	pertify that the information supplied with the on this report or supplemental report is to	us and accurate and that my clonat	ura chall hava tha i	cama lanal affact as if mada undar a	ath: that I am an officer or director
of the corporation or the receiper 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.					