

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000022538

FILED
Feb 13, 2004
Secretary of State

Entity Name: BRAY INTERNATIONAL PROFESSIONAL SERVICES OF LONDON, INC.

Current Principal Place of Business:

402 APPELROUTH LANE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL L. BROWNING
402 APPELROUTH LANE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0392634 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROWNING, MICHAEL L
402 APPELROUTH LANE
KEY WEST, FL 33040

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BRAY, JOHN J
Address: 525 PETRONIA STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: BRAY, ELIZABETH J
Address: 525 PETRONIA STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: BROWNING, MICHAEL L
Address: 402 APPELROUTH LANE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: BOEHM, ROBERT P
Address: 706 10TH ST.
City-St-Zip: MUKILTEO, WA 98275

Title: D () Delete
Name: WILLIS, TONY
Address: 2432 FLAGLER AVE.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: MICHAEL L BROWNING

D

02/13/2004

Electronic Signature of Signing Officer or Director

_____ Date