FILED 2005 FOR PROFIT CORPORATION Jul 29, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P93000073838 BRADENTON GROUP, INC. Principal Place of Business Mailing Address 204 PARK LAKE ST P.O. BOX 36 ORLANDO, FL 32803 FORT ERIE, ONTARIO L2A 5M6 CANADA, XX 07062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0501277 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EGAN, THOMAS F DO NOT WRITE 204 PARK LAKE STREET ORLANDO, FL 32803 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!!	FEE I	\$ \$ 150.00
Due by Sept	embe	r 7, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Applied For

Not Applicable

10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CHY:SI-ZIP	D FURTNEY, PHILIP L P.O. BOX 2139 ST. MARYS, ONTARIO, CANADA, N4X 1A1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

STREET ADDRESS

STREET ADDRESS CITY ST ZIP

NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

CITY-ST-ZIP TITLE

TEN AND SIGNAL SEFFICER OR DIRECTOR