
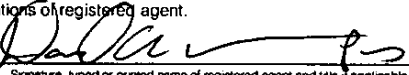
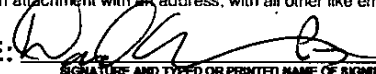


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90222 040 \*\*\*150.00

<b>DOCUMENT # P94000042413</b> 1. Entity Name <b>BRANNEN HOLDINGS, INC.</b>																																	
Principal Place of Business <b>2800 DELANO ST PENSACOLA, FL 32505 US</b>			Mailing Address <b>P.O. BOX 940 GULF BREEZE, FL 32562 US</b>																														
2. Principal Place of Business <b>40 South Palafox PI</b>			3. Mailing Address																														
Suite, Apt. #, etc. <b>Suite 500</b>			Suite, Apt. #, etc.																														
City & State <b>Pensacola FL</b>			City & State																														
Zip <b>32502</b>		Country <b>US</b>		4. FEI Number <b>59-3259459</b>																													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																													
6. Name and Address of Current Registered Agent <b>BRANNEN, DAVID A 2800 DELANO ST PENSACOLA, FL 32505</b>				7. Name and Address of New Registered Agent Name <b>David A Brannen</b> Street Address (P.O. Box Number is Not Acceptable) <b>40 South Palafox PI</b> <b>Suite 500</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32502</b>																													
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  <b>David A. Brannen</b> <b>3/31/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>PD BRANNEN, DAVID A 2800 DELANO ST PENSACOLA, FL 32505</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD BRANNEN, DAVID A 2800 DELANO ST PENSACOLA, FL 32505</b> <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>PD Brannen, David A PO Box 940 Gulf Breeze, FL 32562</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD Brannen, David A PO Box 940 Gulf Breeze, FL 32562</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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.																																	
<b>SIGNATURE:</b>  <b>David A Brannen</b> <b>3/31/06</b> <b>850 434 7700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	