2008 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

FILED Feb 25, 2008 08:00 AM Secretary of State

ANNUAL REPORT					٦	Secretary of Sta			
DOCUMENT # P94000049677								, o = , o = ,	
1. Entity Name BRANDON VENTURES, INC.									
Original Plan	es at Duringes	Moi	line Address	200 111	_				
Principal Place of Business Mailing Address C/O STUART A, SCHECHTER C/O STUART A, SCHECH			D STUART A. SCHECHTER		ļ				
3858-S SHERIDAN ST 3858-S SH			58-S SHERIDAN ST OLLYWOOD, FL 33021						
HULLTWOOL), FL 33021	n.	JEET WOOD, PE 33021						
	1	"复"等。						.	
					02122008	No Chg-P	CR2E034	(11/05)	
do not write in this spa				CE	4. FEI Numb			Applied For	
İ					65-051		<u>-</u>	Not Applicable	
	of the				5. Certificate	of Status Desired		3.75 Additional e Required	
	6. Name and Address of C	urrent Registe	ered Agent		Valence				
SCHECHTER, STUART A					n a	NOT W			
3858-S SHERIDAN STREET					50. 大学和研究	《新华斯·大 4古代》。1			
HOLLYWO	OOD, FL 33021					THIS SF	PAGE		
ł							and the second		
	e named entity submits this state	ment for the pu	rpose of changing its regist	ered office or registe	red agent, or bo	oth, in the State of FI	orida I am fan	niliar with, and accept	
the obligat	tions of registered agent.								
SIGNATURE.	Signature, typed or printed name of register	red Agent signature require	d when (einstating)		DATE	<u></u>			
			9. Election Campaign Fin	ancina CE	00	UDDO	00837056		
			Trust Fund Contribution		.00 May Be fed to Fees	03/04/0	8-80038-	-018 150.00	
10.		S AND DIREC	TORS			《李子 》	3 Jac 1		
TITLE NAME	DPST SCHECHTER, STUART A	.						Para Para	
STREET ADDRESS	3858-S SHERIDAN ST								
CITY-ST-2IP	HOLLYWOOD, FL 33021			_					
NAME							na Mga jaki Le Sakeba		
STREET ADDRESS CITY-ST-ZIP							ari maga Lagraph a sa s		
TIRE						Control of the Contro			
NAME					eljana (AA). A	rada referèncie	ann or distribution		
STREET ADDRESS CITY-ST-ZIP	ļ				D0	NOT W	RITE		
TITLE					IN	THIS SI	DACE		
NAME STREET ADDRESS									
CITY-ST-ZIP									
TITLE									
NAME STREET ADDRESS									
CITY-ST-ZIP							· · · · · · · · · · · · · · · · · · ·		
TITLE									
HAVIAIT						1. 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

12. Thereby 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 eath; 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.