2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2008 08:00 All Secretary of State **DOCUMENT # P94000074591** 1. Entity Name BRAND NEW, INC. Principal Place of Business Mailing Address **4810 COUNTRY COURT** 4810 COUNTRY COURT ELLICOTT CITY, MD 21042 ELLICOTT CITY, MD 21042 03122008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 65-0522111 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PARACORP INCORPORATED 236 EAST 6TH AVENUE IN THIS SPACE TALLAHASSEE, FL 32303 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. (NOTE: Registered Agent signature required when reinstation) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. √After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE BRAUGHER, ANDRE NAME STREET ADDRESS **4810 COUNTRY COURT** ELLICOTT CITY, MD 21042 CITY-ST-ZIP PVST TITLE BRAUGHER, ANDRE U000000864623 NAME STREET ADDRESS **4810 COUNTRY COURT** ELLICOTT CITY, MD 21042 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. Interaby cedify, 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 chapter 607, and attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTES NAME OF SIGNING OFFICER OR DIRECT

Date Daytime Prioris