


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90020 035 ***150.00

DOCUMENT # P96000093088

1. Entity Name
BRAINBUZZ.COM, INC.



Principal Place of Business Mailing Address

**1300 NORTH WESTSHORE BLVD.
 SUITE 125
 TAMPA, FL 33607**

**1300 NORTH WESTSHORE BLVD.
 SUITE 125
 TAMPA, FL 33607**

4001200



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01252008 Chg-P CR2E034 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number
59-3429288

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**D'ADAMO, JEFF
 1300 NORTH WESTSHORE BLVD.
 SUITE 125
 TAMPA, FL 33607**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

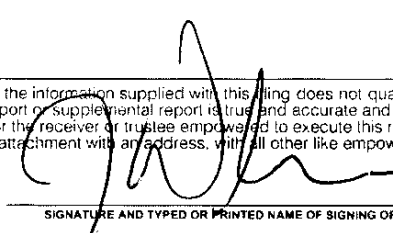
10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	DOYLE, DAN	
STREET ADDRESS	1300 NORTH WESTSHORE BLVD. SUITE 125	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	P	<input type="checkbox"/> Delete
NAME	D'ADAMO, JEFF	
STREET ADDRESS	1300 NORTH WESTSHORE BLVD. SUITE 125	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ADAMO, JEFF	
STREET ADDRESS	1300 N. WESTSHORE BLVD, SUITE 125	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GANDEE, JAY	
STREET ADDRESS	1300 N. WESTSHORE BLVD, SUITE 125	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:  **JEFF D'ADAMO, PRESIDENT** 1-24-08 813-769-0920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #