

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000100719

FILED
Jan 24, 2007
Secretary of State

Entity Name: BRANESTORMED PRODUCTS, INC.

Current Principal Place of Business:

PO BOX 179
DUNNELLON, FL 34430

New Principal Place of Business:

226 POINCIANA LANE
LARGO, FL 33770

Current Mailing Address:

PO BOX 179
DUNNELLON, FL 34430

New Mailing Address:

2840 WEST BAY DR.
136
BELLEAIR BLUFFS, FL 33770

FEI Number: 59-3421394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVENPORT, DOUGLAS
451 CENTRAL PARK DR.
LARGO, FL 33771 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BRANE, SCOTT
Address: PO BOX 179
City-St-Zip: DUNNELLON, FL 34430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: BRANE, SCOTT
Address: 2840 WEST BAY DR #136
City-St-Zip: BELLEAIR BLUFFS, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT BRANE

PST

01/24/2007

Electronic Signature of Signing Officer or Director

Date