2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 08:00 AM Secretary of State

DOCUMENT # P9 1. Entity Name BRANDON LOCK & SAFE								
Principal Place of Business 333 N FALKENBURG RD B-203 TAMPA, FL 33619	Mailing Address 333 N FALKENBURG RD B-203 TAMPA, FL 33619							
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DO NOT WRITE IN THIS SPAC			JE	4. FEI Numbe 65-0762		Applied For Not Applicable		
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current Regi	stered Agent	* * * * * * * * * * * * * * * * * * * *					
MUSALL, VICKIE L 1120 ALETHA AVENUE NW PORT CHARLOTTE, FL 33948					NOT W HIS SP			
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								
OIGHATORES	Signature, typed or printed name of registered agent and till	e if applicable (NOTE: Registere	d Agent signature required	i when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees				
10.	OFFICERS AND DIRE	CTORS .				و في المراق المراق		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSALL, VICKIE L 1120 ALETHA AVENUE NW PORT CHARLOTTE, FL 33948					1807297.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSALL, LARRY 1120 ALETHA AVENUE NW PORT CHARLOTTE, FL 33948				02/07/08-	80003-013 i50.00 Îsrekî		
TITLE NAME SIREET ADDRESS CITY-SI-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SF	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP						The property of the second		
	perify that the information supplied with this	filing does not qualify for the ev	omptions contains	d in Chapter 110	* Elorida Statutos I	further portify that the information		

indicated on this report or supplies the missing does not quality for the exemptions contained in Chapter 119; Florida Statutes 1 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.

- Vickie L. Musall 01/29/2008

(813) 655-4200

Daylime Phone #