

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000094250

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: DONALD BRADY ENTERPRISES, INC.

**Current Principal Place of Business:**

5745 MASTERS BLVD  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

5745 MASTERS BLVD  
ORLANDO, FL 32819 US

**New Mailing Address:**

FEI Number: 59-3470624      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITE, GREGORY M  
111 NORTH ORANGE AVENUE  
SUITE 750  
ORLANDO, FL 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: D ( ) Delete  
Name: BRADY, DONALD E  
Address: 5745 MASTERS BOULEVARD  
City-St-Zip: ORLANDO, FL 328194016

Title: V ( ) Delete  
Name: BRADY, LORRAINE  
Address: 5745 MASTERS BLVD  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONALD E BRADY

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date