## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 24, 2008 08:00 AN Secretary of State DOCUMENT # P99000019575 1. Entity Name BRIA ANDY, INC. Principal Place of Business Mailing Address 1180 W. GRENADA BLVD 926 SAXON BLVD ORANGE CITY, FL 32763 US ORMOND BEACH, FL 32174 01212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3560428 Not Applicable 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOON, FLORENCE L DO NOT WRITE 1180 W GRANADA BLVD IN THIS SPACE ORMOND BEACH, FL 32174 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 reinstating) nd name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE YOON, FLORENCE NAME 926 SAXON BLVD. STREET ADDRESS ORANGE CITY, FL 32763 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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

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TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylime Phone #

**FILED**