2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

DOCUMENT # P99000050709 1. Entity Name MAINBRACE ASSOCIATES, INC.						05-05-2008 9	90226 024 ***15	50.00
Principal Place of Business Mailing Address								
3040 NE 28 LIGHTHOUSE	3040 NE 28TH AVE	· ·		40095		II 88:81 61:11 88111 18611 88118		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222008	Chg-P	CR2E034 (12/06)
City & State		City & State		4. FEI Numbe 65-093			Applied For Not Applicable	
Zip 	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 A	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent	
MORAN, BRIAN F 3040 NE 26 AVE				Street Address (P.O. Box Number is Not Acceptable) 3040 NE 28th Avenue				
LIGHTHOUSE POINT, FL 33064				3040 N	E 28th Ave	nue		
				City			FL Zip Co	de
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registere	ed office or regis	tered agent, or bot	h, in the State of Flo	, ,	·
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	d Agent signature requ	ired when reinstating)		4/23/C	8
FIL After Ma	E NOW!!! FEE I\$ \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campai Trust Fund Cont			5.00 May Be dded to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORAN, BRIAN F 3040 NE 28TH AVE			ŀ			☐ Change	☐ Addition
TITLE NAME	MODALI MATUEDINE		TITLE		3040 NE 28th Avenue ☐ Addi		☐ Addition	
STREET ADDRESS CITY-ST-ZIP	2814 NE 34 COURT STR		STRE	CT ADDDCCC	Lighthouse Point, FL 33064			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete						Change	Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAM Str		1	I			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA STI			I			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I			☐ Change	Addition
40 12	L certify that the information supplied with	ALT PRODUCTION				5 11 5 1 1 1		

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.

RE. Brian F. Moran, Pres.

4/23/08 (954) 768-0707 Date Destrict Phone