2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000070990

1. Entity Name
EDWARD RILEY BRADLEY'S, INC.

Principal Place of Business	Mailing Address
104 CLEMATIS ST. WEST PALM BEACH, FL 33401	470 COLUMBIA DR. D-201 WEST PALM BEACH, FL 33409 US

01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0941946
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONIGLIO, FRANK S
1139 N OCEAN BLVD
PALM BEACH, FL 33480

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000589913
01/18/07-80035-024 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CONIGLIO, FRANK S
STREET ADDRESS	1139 N OCEAN BLVD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VPS
NAME	CONIGLIO, GAIL L
STREET ADDRESS	1139 N OCEAN BLVD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VP
NAME	NARDOLILLO, MYLENE
STREET ADDRESS	104 CLEMATIS ST
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	V
NAME	CONIGLIO, NICHOLAS
STREET ADDRESS	104 CLEMATIS STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VP
NAME	LAM, BU
STREET ADDRESS	104 CLEMATIS ST.
CITY-ST-ZIP	WEST PALM BEACH, FL 33480
TITLE	VP
NAME	JUKMENCUKS, CSILLA
STREET ADDRESS	104 CLEMATIS ST.
CITY-ST-ZIP	WEST PALM BEACH, FL 33480

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _____ 1/11/07 561-833-3520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #