2008 FOR PROFIT CORPORATION

Feb 28, 2008 8:00 am Secretary of State

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02-28-2008 90005 047 ***150.00 JCUMENT#P990000/1916 1. Entity Name BRADEN RIVER INDUSTRIES, INC. 40034398 Principal Place of Business Mailing Address 6425 28TH AVE. EAST 6425 28TH AVE. EAST BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262008 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 65-0944112 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILCOX, DAVID W ESQ. 308 13TH ST W Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34208 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE Change | ☐ Addition NAME WILCOX, DAVID W NAME 308 13th Street West STREET ADDRESS 1301 6TH AVE WEST STE 40 STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition TOOMEY, LORIANN NAME NAME STREET ADDRESS 6425 28TH AVE E STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-7IP CDVS TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TOOMEY, JAMES K NAME STREET ADDRESS 6425 28TH AVE E STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/28/08

<u>941-748-4646</u>