2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000081255

Entity Name: BRAYNE CONCEPTS, INC.

FILED May 01, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

3341 N UNIVERSITY DR 3341 N UNIVERSITY DR

2

DAVIE, FL 33024 US DAVIE, FL 33024 US

Current Mailing Address: New Mailing Address:

3341 N UNIVERSITY DR 3341 N UNIVERSITY DR

DAVIE, FL 33024 US DAVIE, FL 33024 US

FEI Number: 65-0982294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HOLDER, HEATHER
3341 N UNIVERSITY DR
42

HOLDER, HEATHER
3341 N UNIVERSITY DR
41

DAVIE, FL 33024 US DAVIE, FL 33024 US

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: 05/01/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition

Name:HOLDER, HEATHERName:HOLDER, HEATHERAddress:3341 N UNIVERSITY DR #2Address:3341 N UNIVERSITY DR #1

City-St-Zip: DAVIE, FL 33024 City-St-Zip: DAVIE, FL 33024

Title: OFF () Delete Title: OFF (X) Change () Addition Name: HOLDER, SELVIN Name: HOLDER, SELVIN

 Name:
 HOLDER, SELVIN

 Address:
 3341 N UNVERSITY DR #2
 Address:
 3341 N UNVERSITY DR #1

 City-St-Zip:
 DAVIE, FL 33024
 City-St-Zip:
 DAVIE, FL 33024

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: HEATHER HOLDER DIRE 05/01/2008

Electronic Signature of Signing Officer or Director

Date