2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 Al Secretary of State DOCUMENT # P99000110997 1. Entity Name BRANMARIS, INC. Principal Place of Business Mailing Address 2705 SE RANCH ACRES CIRCLE 2705 SE RANCH ACRES CIRCLE JUPITER, FL 33478 JUPITER, FL 33478 04282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0969403 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent WITT, PHYLLIS DO NOT WRITE 2705 SE RANCH ACRES CIRCLE JUPITER, FL 33478 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS D TITLE WITT, PHYLLIS NAME 2705 SE RANCH ACRES CIRCLE STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33478 TRIF U00000552410 US/15/06-80018-008 150.00 WITT, LAWRENCE NAME STREET ADDRESS 2705 SE RANCH ACRES CIRCLE CITY-ST-ZIP JUPITER, FL 33478 NAME STREET ADDRESS DO NOT WRITE CITY-ST-21P TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP meNAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 ther like ampowered.

SIGNATURE:

CITY-ST-ZIP

Myllis C. State

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

312-775-

Daylime Phone #

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