2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

DOCUMENT# S70657

Entity Name: BRENNAN FINANCIAL, INC.

Current Principal Place of Business:

6201 CYPRESS HOLLOW WAY
NAPLES, FL 34109 US

New Principal Place of Business:

3431 PINE RIDGE ROAD
SUITE 102
NAPLES, FL 34109 US

Current Mailing Address:

6201 CYPRESS HOLLOW WAY
NAPLES, FL 34109 US

New Mailing Address:

3431 PINE RIDGE ROAD
SUITE 102
NAPLES, FL 34109 US

FEI Number: 59-3082736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, WILLIAM B
6201 CYPRESS HOLLOW WAY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: WILLIAM, WALKER B
Address: 6201 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109 US

Title: DS ( ) Delete
Name: WALKER, SUSAN A
Address: 6201 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: GONAS, SAMUEL W
Address: 18550 DOGWOOD ROAD
City-St-Zip: FORT MYERS, FL 33967 US

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: WILLIAM B. WALKER DPT 03/10/2008
Electronic Signature of Signing Officer or Director Date