2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02341

Entity Name: BRITE IDEAS INC.

FILED Jan 06, 2012 Secretary of State

Current Principal Place of Business: 65 BEACH STREET PONCE INLET, FL 32127 Current Mailing Address: 65 BEACH STREET PONCE INLET, FL 32127 FEI Number: 65-0299094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: BACH, HARVEY 65 BEACH STREET PONCE INLET, FL 32127 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or being the State of Florida.	Entity Name: BRITE IDEAS INC.			
Current Mailing Address: New Mailing Address: 65 BEACH STREET PONCE INLET, FL 32127 FEI Number: 65-0299094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: BACH, HARVEY 65 BEACH STREET PONCE INLET, FL 32127 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or be	Current Principal Place of Business:	New Principal Place of Business	s :	
65 BEACH STREET PONCE INLET, FL 32127 FEI Number: 65-0299094 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: BACH, HARVEY 65 BEACH STREET PONCE INLET, FL 32127 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or be				
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65 BEACH STREET PONCE INLET, FL 32127 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or be	Name and Address of Current Registered Agent:	Name and Address of New Regi	ddress of New Registered Agent:	
	65 BEACH STREET			
		ourpose of changing its registered office or re	gistered agent, or both,	
SIGNATURE:	SIGNATURE:			
Electronic Signature of Registered Agent Date	Electronic Signature of Registered Ago	ent C	Date	

Title:

Name: BACH, HARVEY
Address: 65 BEACH STREET
City-St-Zip: PONCE INLET, FL 32127 US

I hereby 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 all other like empowered.

SIGNATURE: HARVEY BACH D 01/06/2012