2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 233879

Entity Name: BRINY BREEZES INC

Current Principal Place of Business:

5000 N OCEAN BLVD BRINY BREEZES. FL 33435

Current Mailing Address:

5000 N OCEAN BLVD BRINY BREEZES. FL 33435

FEI Number: 59-0839659 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORREST, CARL J 5000 N OCEAN BLVD BRINY BREEZES, FL 33435 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: CARL FORREST 02/27/2013

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DP Title D1VP

NameCOYNER, JOENameMALCHUSKI, MARCIAAddress5000 N. OCEAN BLVDAddress5000 N OCEAN BLVD

City-State-Zip: BRINY BREEZES FL 33435 City-State-Zip: BRINY BREEZES FL 33435

Title D2VP Title DT

Name KOPLEN, BRUCE Name LONG, SALLY

Address 5000 N. OCEAN BLVD. # E-22 Address 5000 N OCEAN BLVD

City-State-Zip: BRINY BREEZES FL 33435 City-State-Zip: BRINY BREEZES FL 33435

Title DS Title D

NameOGLESBY, TOMNameSTEWART, PAULAddress5000 N OCEAN BLVDAddress5000 N OCEAN BLVD

City-State-Zip: BRINY BREEZES FL 33435 City-State-Zip: BRINY BREEZES FL 33435

Title DIRECTOR Title DIRECTOR

NameCOPPOLA, FRANKNameGALLACHER, MICHAELAddress5000 N OCEAN BLVDAddress5000 N OCEAN BLVDCity-State-Zip:BRINY BREEZES FL 33435City-State-Zip:BRINY BREEZES FL 33435

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: JOE COYNER PRESIDENT 02/27/2013

FILED Feb 27, 2013

Secretary of State

CC0099471062

Date