


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 844913
 1. Entity Name
 C.A. BRUHNS, INC.



Principal Place of Business
 421 ROBIN HILL RD
 WAYNE, PA 19087 US

Mailing Address
 421 ROBIN HILL RD
 WAYNE, PA 19087 US



01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 13-5546976

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KUSHNER, MANUEL ESQ.
 C/O KAYE SCHOLER LLP
 777 S. FLAGLER DR #900 WEST
 WEST PALM BEACH, FL 33401

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRUHNS, CARL A
STREET ADDRESS	421 ROBIN HILL RD
CITY-ST-ZIP	WAYNE, PA 19087
TITLE	T
NAME	BRUHNS, DOUGLAS P
STREET ADDRESS	63 OAKFORD RD
CITY-ST-ZIP	WAYNE, PA 19087
TITLE	V
NAME	BRUHNS, STEPHEN C
STREET ADDRESS	3 DAWNS WAY
CITY-ST-ZIP	MALVERN, PA 19355
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/07/07-80018-002 150.00

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12. I hereby certify that the information supplied with this filing 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 other like empowered.

SIGNATURE: Carl A Bruhns 7/28/07 610-187-3243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CARL A BRUHNS