


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90372 020 ***150.00

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1. Entity Name
BRADLEY FIXTURES CORPORATION



40074307

Principal Place of Business
**W142 N9101 FOUNTAIN BLVD
 MENOMONEE FALLS, WI 53051**

Mailing Address
**P.O. BOX 309
 MENOMONEE FALLS, WI 53052**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04262006 Chg-P CR2E034 (11/05)

City & State
 Zip Country

4. FEI Number
39-1916030

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO MULLETT, DONALD H W142 N9101 FOUNTAIN BLVD MENOMONEE FALLS, WI 53051	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO ANDERSEN, WILLIAM C W142 N9101 FOUNTAIN BLVD MENOMONEE FALLS, WI 53051	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD ANDERSEN, WILLIAM C W142 N9101 FOUNTAIN BLVD MENOMONEE FALLS, WI 53051	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FYFFE, JAMES R PO BOX 2497 CAREFREE, AZ 85377	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBERT, JAMES E 140 NORTH AVENUE HARTLAND, WI 53029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, ERNEST J W142 N9101 FOUNTAIN BLVD MENOMONEE FALLS, WI 53051	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John E. Kleczka Date: 4/27/06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* See attached for additional officers and Directors

ATTACHMENT

40074307

F04000002996

Florida 2006 Annual Report - Additional Directors/Officers listing
Bradley Fixtures
F04000002996

Title VTSD
Name Kleczka, John C.
Street W142 N9101 Fountain Blvd
City-St-Zip Menomonee Falls, WI 53051

Title V
Name Zingsheim, Steven Y
Street W142 N9101 Fountain Blvd
City-St-Zip Menomonee Falls, WI 53051

Title Director
Name Mullett, Barbara H.
Street W142 N9101 Fountain Blvd
City-St-Zip Menomonee Falls, WI 53051