


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90030 033 \*\*\*150.00

DOCUMENT # F05000000090					
1. Entity Name BRAHMA GROUP, INC.					
Principal Place of Business 5621 WEST WELLS PARK ROAD JORDAN, UT 84088			Mailing Address 5621 WEST WELLS PARK ROAD JORDAN, UT 84088		
2. Principal Place of Business 570 WEST 800 SOUTH Suite, Apt. #, etc.		3. Mailing Address 570 WEST 800 SOUTH Suite, Apt. #, etc.			
City & State SALT LAKE CITY, UT		City & State SALT LAKE CITY, UT		4. FEI Number 83-0344323	
Zip 84101		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DAVID W		NAME		
STREET ADDRESS	572 WEST 800 SOUTH		STREET ADDRESS	570 WEST 800 SOUTH	
CITY-ST-ZIP	SALT LAKE CITY, UT 84101		CITY-ST-ZIP	SALT LAKE CITY, UT 84101	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, BRYAN R		NAME		
STREET ADDRESS	572 WEST 800 SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY, UT 84101		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP/S&D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, SEAN G		NAME		
STREET ADDRESS	572 WEST 800 SOUTH		STREET ADDRESS	570 WEST 800 SOUTH	
CITY-ST-ZIP	SALT LAKE CITY, UT 84101		CITY-ST-ZIP	SALT LAKE CITY, UT 84101	
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	CFO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAM, MICHAEL P		NAME		
STREET ADDRESS	1060 HENSLEY STREET		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, CA 94801		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUTZMAN, MARK C		NAME		
STREET ADDRESS	1060 HENSLEY STREET		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, CA 94801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	STEWART, GARY A.	
STREET ADDRESS			STREET ADDRESS	1060 HENSLEY STREET	
CITY-ST-ZIP			CITY-ST-ZIP	RICHMOND, CA 94801	
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: _____		MICHAEL P. ELAM, CFO		1/24/06 801-521-5200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

60007292



01062006 Chg-P CR2E034 (11/05)

4. FEI Number 83-0344323 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 CAPITOL CORPORATE SERVICES, INC.  
 1333 NORTH DUVAL STREET  
 TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
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 FL Zip Code

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

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SIGNATURE: \_\_\_\_\_ MICHAEL P. ELAM, CFO 1/24/06 801-521-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #