

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000090

Entity Name: BRAHMA GROUP, INC.

FILED  
Feb 17, 2010  
Secretary of State

**Current Principal Place of Business:**

1132 SOUTH 500 WEST  
SALT LAKE CITY, UT 84101

**New Principal Place of Business:**

**Current Mailing Address:**

1132 SOUTH 500 WEST  
SALT LAKE CITY, UT 84101

**New Mailing Address:**

FEI Number: 83-0344323      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MILLER, DAVID W  
Address: 1132 SOUTH 500 WEST  
City-St-Zip: SALT LAKE CITY, UT 84101

Title: VP  
Name: DAVIS, SEAN G  
Address: 1132 SOUTH 500 WEST  
City-St-Zip: SALT LAKE CITY, UT 84101

Title: CFOS  
Name: ELAM, MICHAEL P  
Address: 1060 HENSLEY STREET  
City-St-Zip: RICHMOND, CA 94801

Title: D  
Name: STEWART, GARY  
Address: 1060 HENSLEY ST.  
City-St-Zip: RICHMOND, CA 94801

Title: SEC  
Name: WENDEL, STEVEN D  
Address: 1132 SOUTH 500 WEST  
City-St-Zip: SALT LAKE CITY, UT 84101

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: DAVID W. MILLER

PRES

02/17/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date