


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90041 050 \*\*\*158.75

**DOCUMENT # F06000001245**

1. Entity Name  
**BRADVILLE, INC.**



Principal Place of Business 2500 VENTURE OAKS WAY, SUITE 175 SACRAMENTO, CA 95833	Mailing Address 2500 VENTURE OAKS WAY, SUITE 175 SACRAMENTO, CA 95833
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**DO NOT WRITE IN THIS SPACE**



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>68-0016785</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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, 2008 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	DC LEWIS, JULIAN 2500 VENTURE OAKS WAY, SUITE 175 SACRAMENTO, CA 95833
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, DAVID 2500 VENTURE OAKS WAY, SUITE 175 SACRAMENTO, CA 95833
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HILL, EVA H 2500 VENTURE OAKS WAY, SUITE 175 SACRAMENTO, CA 95833
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SOIN, MARIANNE 2500 VENTURE OAKS WAY, SUITE 175 SACRAMENTO, CA 95833
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Eric H. Hill* *EVA H. HILL* *President* *4/15/08* *916-263-0222*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #