

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003872

FILED
Feb 13, 2007
Secretary of State

Entity Name: THE BRAND BANKING COMPANY

Current Principal Place of Business:

141 HURRICANE SHOALS ROAD
LAWRENCEVILLE, GA 30045

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1110
LAWRENCEVILLE, GA 30046

New Mailing Address:

FEI Number: 58-0169357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SADER, ROBERT L
1901 W. CYPRESS CREEK ROAD
SUITE 415
FORT LAUDERDALE, FL 33309 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: C () Delete
Name: MORGAN, BARTOW JR.
Address: 106 CROGAN STREET
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: CP () Delete
Name: SMITH, CHRISTOPHER A
Address: 141 HURRICANE SHOALS ROAD
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: D (X) Delete
Name: THOMAS, PATRICIA M
Address: 2100 GRAYSON HIGHWAY
City-St-Zip: GRAYSON, GA 30017

Title: V (X) Delete
Name: MARCHANT, RONALD III
Address: 2488 EAST MAIN STREET
City-St-Zip: SNELLVILLE, GA 30078

Title: SCOO (X) Delete
Name: MAHAFFEY, BARBARA C
Address: 141 HURRICANE SHOALS ROAD
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: TCFO () Delete
Name: PALSSON, JOHANNES
Address: 141 HURRICANE SHOALS ROAD
City-St-Zip: LAWRENCEVILLE, GA 30045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHANNES PALSSON

TCFO

02/13/2007

Electronic Signature of Signing Officer or Director

_____ Date