## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000003872

City-St-Zip:

LAWRENCEVILLE, GA 30045

Entity Name: THE BRAND BANKING COMPANY

FILED Jul 02, 2008 Secretary of State

Littly Nai	ille. THE DRA	AND BANKING COMPANT			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
141 HURRICANE SHOALS ROAD LAWRENCEVILLE, GA 30045				141 HURRICANE SHOALS ROAD LAWRENCEVILLE, GA 30046	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
POST OFFICE BOX 1110 LAWRENCEVILLE, GA 30046			141 HURRICANE SHOALS ROAD ATTN : AMY BUTTLER/ BILL VILLARI LAWRENCEVILLE, GA 30046		
FEI Number: 58-0169357 FEI Number Applied For ( )		FEI Number Not Applicable ( )	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SUITE 415 FORT LAU The above	YPRESS CRE JDERDALE, F	L 33309 US	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financir	93(2)(b), F.S., the corporation did no og Trust Fund Contribution ( ).	•		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MORGAN, BAI 106 CROGAN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SMITH, CHRÌS 141 HURRICA	) Delete TOPHER A NE SHOALS ROAD LLE, GA 30045	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	PALSSON, JO	) Delete HANNES NE SHOALS ROAD	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: CHRIS SMITH CP 07/02/2008