2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000850

FILED Mar 06, 2009 Secretary of State

Entity Name: BROKERS ALLIANCE, INC. **Current Principal Place of Business: New Principal Place of Business:** 16921 E. PALISADES BLVD STE 103 FOUNTAIN HILLS, AZ 85268 **Current Mailing Address: New Mailing Address:** 16921 E. PALISADES BLVD STE 103 FOUNTAIN HILLS, AZ 85268 FEI Number: 36-3315173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOLDSTEIN, STEPHEN M 6623 CAPISTRANO BEACH TRAIL DELRAY BEACH, FL 33341 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: PRFS (X) Change () Addition RACICH, DAVID Name: RACICH, DAVID 13600 N FOUNTAIN HILLS BLVD #1006 13600 N FOUNTAIN HILLS BLVD #1006 Address: FOUNTAIN HILLS, AZ 85268 City-St-Zip: FOUNTAIN HILLS, AZ 85268

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

RACICH, JOSEPH M Name: RACICH, JOSEPH M

Name:

15050 N THOMPSON PEAK PKWY #2009 15050 N THOMPSON PEAK PKWY #2009 Address: Address:

SCOTTSDALE, AZ 85260 SCOTTSDALE, AZ 85260 City-St-Zip: City-St-Zip:

() Delete Title: Title: () Change () Addition

WHITE, KATHLEEN Name: Name: 17502 E CAYUGA LANE Address: Address: City-St-Zip: FOUNTAIN HILLS, AZ 85268 City-St-Zip:

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.

SIGNATURE: KATHLEEN WHITE S 03/06/2009