

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000053176

Entity Name: THE BROKER GROUP, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 441362
JACKSONVILLE, FL 32222

New Principal Place of Business:

PO BOX 441446
JACKSONVILLE, FL 32222

Current Mailing Address:

PO BOX 441362
JACKSONVILLE, FL 32222

New Mailing Address:

PO BOX 441446
JACKSONVILLE, FL 32222

FEI Number: 59-3726859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLAIN, ARLENE E
7707 CRANBERRY LANE S
JACKSONVILLE, FL 32244 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: PD () Delete
Name: MCCLAIN, ARLENE E PD
Address: 7707 CRANBERRY LANE S
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP () Delete
Name: SMITH, BARBARA E VP
Address: 2219 DOUGLAS ST
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SMITH, BARBARA E VP
Address: 2220 EVANS ST
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ARLENE MCCLAIN

PD

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date