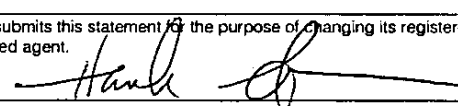
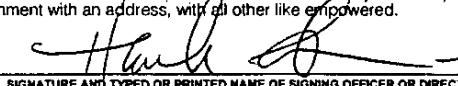


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90200 001 ***150.00

DOCUMENT # P03000086253 1. Entity Name BROKERS LEGAL GROUP, P.A.																													
Principal Place of Business ATTN: HENRY T. SORENSEN II 32801 US HWY 19 N SUITE 100 PALM HARBOR, FL 34684			Mailing Address ATTN: HENRY T. SORENSEN II 32801 US HWY 19 N SUITE 100 PALM HARBOR, FL 34684																										
2. Principal Place of Business 399 SW 8TH STREET Suite, Apt. #, etc. UNIT 4		3. Mailing Address SAME AS BUSINESS Suite, Apt. #, etc.																											
City & State BOCA RATON FL		City & State																											
Zip 33432		Country		4. FEI Number 55-0842564																									
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable																									
6. Name and Address of Current Registered Agent SOERSEN, HENRY T II ESQ 32801 US HWY 19 N SUITE 100 PALM HARBOR, FL 34684				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 399 SW 8TH STREET, UNIT 4 City BOCA RATON FL Zip Code 33432																									
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: 1-9-06 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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SOERSEN, HENRY T II</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10610 WEYBRIDGE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33626</td> <td></td> </tr> </table>			TITLE	D	☐ Delete	NAME	SOERSEN, HENRY T II		STREET ADDRESS	10610 WEYBRIDGE RD		CITY-ST-ZIP	TAMPA, FL 33626		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">3811 IVYDALE COURT</td> <td style="width:10%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>LAND O' LAKES, FL 34638</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	3811 IVYDALE COURT	☒ Change ☐ Addition	NAME	LAND O' LAKES, FL 34638		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:  HANK SOERSEN 1-9-06 561-789-2019 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													