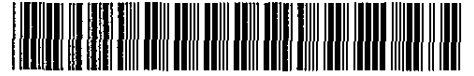


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

|  |  |
|--|--|
| <b>DOCUMENT # P95000005773</b><br>1. Entity Name<br><b>BROOKVILLE CONSULTING CORP.</b> |  |
|--|--|

|  |  |
|--|--|
| Principal Place of Business<br><b>7040 W. PALMETTO PARK ROAD<br/>STE 4-500<br/>BOCA RATON FL 33433</b> | Mailing Address<br><b>7040 W. PALMETTO PARK ROAD<br/>STE 4-500<br/>BOCA RATON FL 33433</b> |
|--|--|



|  |  |
|--|--|
| 2. Principal Place of Business<br><br>Suite, Apt #, etc. | 3. Mailing Address<br><br>Suite, Apt #, etc. |
| City & State   | City & State                                 |
| Zip  | Country                                      |

1st MOORE      CR2E034 (10/04)

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br><b>SALVER, PAUL<br/>2721 EXECUTIVE PARK DRIVE<br/>SUITE 3<br/>WESTON FL 33331</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |
|--|--|

|   |  |
|---|--|
| 4. FEI Number <b>65-0550701</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00.**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS |                            |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |  |
|----------------------------|----------------------------|---------------------------------|--|---|--|---|--|
| TITLE                      | PS                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | TOMASELLO, DEBRA           |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | 7040 W PALMETTO PK RD 4500 |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | BOCA RATON FL 33433        |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      |                            | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                            |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                            |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                |                            |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      |                            | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                            |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                            |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                |                            |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      |                            | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                            |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                            |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                |                            |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      |                            | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                            |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                            |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                |                            |                                 |  | CITY-ST-ZIP   |  |   |  |

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04/20/05-80020-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *Debra Tomasello*      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_