


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 195554</b> 1. Entity Name <b>BROOKE DISTRIBUTORS, INC.</b>	
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Principal Place of Business <b>16250 NW 52 AVE. MIAMI, FL 33014</b>	Mailing Address <b>16250 NW 52 AVE. MIAMI, FL 33014</b>
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**DO NOT WRITE IN THIS SPACE**

01172008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0776372</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RUTTER, DAVID  
16250 NW 52 AVENUE  
MIAMI, FL 33014**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<b>RUTTER, DAVID</b>
NAME	<b>16250 NW 52 AVENUE</b>
STREET ADDRESS	<b>MIAMI, FL 33014</b>
CITY-ST-ZIP	
TITLE <b>D</b>	<b>CHAIET, GARY</b>
NAME	<b>16250 NW 52 AVE</b>
STREET ADDRESS	<b>MIAMI, FL 33014</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/08-80015-005 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** *David Rutter, Pres.* **David Rutter, Pres.** **01-21-08** **6249752** **(303)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #