2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # 206958 01-21-2005 90085 031 ***150.00 1. Entity Name BROOKLINE, INC. Principal Place of Business Mailing Address **4507 WATROUS AVENUE 4507 WATROUS AVENUE** 50005320 C/O H G LESTER, JR. C/O H G LESTER, JR. TAMPA, FL 33629 TAMPA, FL 33629 2. Principal Place of Business 3. Mailing Address 5001 Ceder 5001 C Suite, Apt. #, etc. 01152005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-0943750 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required Name and Address of New Registered Agent LESTER, H.G., JR. Street Address (P.O. Box Number is Not Acceptable 4507 WATROUS AVE. TAMPA, FL 33629 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. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 1171 F ☐ Delete ■ Addition TITLE Gradu h LESTER, H.G. JR NAME NAME #410 e Blud 4507 WATROUS STREET ADDRESS STREET ADDRESS TAMPA, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HUNT, ANNE L. NAME NAME STREET ADDRESS 4508 FERNCROFT CIR STREET ADDRESS CITY-ST-7IP TAMPA, FL CITY-ST-ZIP Delete Addition TITLE III E NAME NAME ω . STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 90 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

one C. Hunt

105 813-681-2965

FILED

Jan 21, 2005 8:00 am