FOR PROFIT CORPORATION ANNUAL REPORT

06-18-2008 90001 048 ***150.00

356541

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 356541

1. Entity Name
BROOKINS COMMUNICATIONS, INC

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CR2E034B (5/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9001 SHENANDOAH RUN	9001 SHENANDOAH RUN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESLEY CHAPEL, FL	City & State: WESLEY CHAPEL, FL
Zip: 33544 Country: USA	Zip: 33544 Country: USA

4. FEI Number: 59-128 2142 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: R. KEITH BROOKINS

Street Address (P.O. Box Number is Not Acceptable): 9001 SHENANDOAH RUN

City: WESLEY CHAPEL FL Zip Code: 33544

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: R. Keith Brookins
Signature, type or print name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended AR is $61.25
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

TITLE	PRES/SEC
NAME	R. KEITH BROOKINS
STREET ADDRESS	9001 SHENANDOAH RUN
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: R. Keith Brookins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #