2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 31, 2008 08:00 A Secretary of State **DOCUMENT # 539563** 1. Entity Name STANLEY S. BROSTERMAN, INC. Principal Place of Business Mailing Address 4770 FOUNTAINS DR. 40 STONER AVENUE LAKE WORTH FL 33467 GREAT NECK NY 11021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1757188 Not Applicable Ζıp Country Ζιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROSTERMAN, STANLEY S Street Address (P.O. Box Number is Not Acceptable) 4770 FOUNTAINS DRIVE SUITE 206 LAKE WORTH FL 33467 City Zip Code 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 registers acient. Signature, lyped or printed name of registered agent and title it emplicable fNOTE Registered Agent agreature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Derete TITLE ☐ Change Addition NAME BROSTERMAN, STANLEY S. NAME U00000806720 STREET ADDRESS 40 STONER AVE STREET ADDRESS 02/06/08-80053-008 150.00 City-St-2i2 GREAT NECK NY 11021 CITY-ST-ZIP TIT! F ST ☐ Derete TITLE Change Addition BROSTERMAN, BEVERLY NAME NAME STREET ADDRESS 40 STONER AVE STREET ADDRESS CITY-ST-ZIP GREAT NECK NY 11021 CITY-ST-ZIP TITLE ☐ Derete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 10148 Dérete TITLE Change ■ Addition MALI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deiele TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TELLE Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 altachment with an address, with all other like empowered.

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

SIGNATURE: