2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jul 17, 2006 8:00 am Secretary of State **DOCUMENT #617153** 07-17-2006 90144 026 ***150.00 1. Entity Name BROLAND, INC. Principal Place of Business Mailing Address 4 4 4 4 4 4 4 5 23965 WARDEN AVE, RR#2 23965 WARDEN AVE, RR#2 KESWICK, ONTARIO, CANADA KESWICK, ONTARIO, CANADA L4P 3E9, L4P 3E9, 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07122006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 98-0054919 Not Applicable 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 BAUMAN, JEROME A ESQ Street Address (P.O. Box Number is Not Acceptable) 7119 W BROWARD BLVD PLANTATION, FL 33317 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 registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete TITLE ☐ Change BROUWER, GERALD J NAME NAME 23965 WARDEN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KESWICK, CANADA L4P3E9, CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CATY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP 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. JULY 12/06

NAME OF SONING OFFICER OR DIRECTOR

FILED

Daytime Phone #

ATT: CHMENT

40099525

July 12, 2006

Division of Corporations PO Box 6198 Tallahassee, FL 32314-6198

I would just like to inform you that I only received notice to file from your mailing which I received July 7th (you mailed June 29th). I tried to fill out the forms on-line, but my file was rejected. I spoke with your technical department and was told, that since I am in Canada, I could not file on-line.

Please accept the attached filing with no penalty.

Regards,

Gerald J. Brouwer 23965 Warden Ave.

Keswick, Ontario L4P 3E9

Canada