2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 16, 2006 8:00 am **Secretary of State DOCUMENT # 745113** 1. Entity Name 03-16-2006 90245 027 ****61.25 THE BROOKS OF DEER CREEK, INC. Principal Place of Business Mailing Address P.O. BOX 5202 P.O. BOX 5202 DEERFIELD BCH FL 33442 DEERFIELD BCH FL 33442 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2040451 Not Applicable Country Żip Country Žip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANCIS, HUBER 2850 KELLY BROOK LANE DEERFIELD BEACH FL 33442 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 FILE NOW: FEE IS \$61.25 **\$5.00** May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Change ☐ Addition HORVATH, GEORGE NAME NAME STREET ADDRESS 2692 KELLY BROOKS LANE STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP DVP TITLE Delete TITLE ☐ Change Addition HUBER, FRANCIS 2850 KELLY BROCK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442 CITY-ST-ZIP DT TITLE □ Delete ☐ Change TITLE Addition NAME ANDREWS, SHEILA NAME STREET ADDRESS 2754 KELLY BROOK LANE STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change Addition NAME KAVURT, JAHIT 2834 KELLY BROOK LANE STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition HENRY DALLING-2698 KELLY BROOK LANE NAME NAME STREET ADDRESS STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby 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 617, 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.

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SIGNATURE:

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3/6/06

954-481-1593

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