

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

|                                                                             |                                                                                   |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 817867</b><br>1. Entity Name<br>HARRY BRODIE FOUNDATION, INC. |  |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                    |                                                                                        |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Principal Place of Business<br>% EDWARD LEVINSON<br>407 LINCOLN RD. PH-EAST<br>MIAMI BCH, FL 33139 | Mailing Address<br>% EDWARD LEVINSON<br>407 LINCOLN RD. PH-EAST<br>MIAMI BCH, FL 33139 |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**

01032008 No Chg-NP CR2E037 (4/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>52-6046827 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                                      |                                   |
|----------------------------------------------------------------------|-----------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|----------------------------------------------------------------------|-----------------------------------|

6. Name and Address of Current Registered Agent

LEVINSON ESQ, EDWARD E  
407 LINCOLN RD  
PENTHOUSE EAST  
MIAMI BCH, FL 33139

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                     |                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                |                                                                    |
|------------------------------------------------|--------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BRODIE, ZEBULON J<br>893 N.E. 79TH STREET<br>MIAMI, FL 33138 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>BRODIE, BEATRICE<br>893 N.E. 79TH STREET<br>MIAMI, FL 33138 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>KAISER, SUZANNE<br>893 N.E. 79TH STREET<br>MIAMI, FL 33138  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    |

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01/23/08-80061-008 70.00

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IN THIS SPACE**

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 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.

SIGNATURE: Zebulon J. Brodie Zebulon J. Brodie, Pres.  
Jan 18, 2008 410-810-0036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #