2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #850815

1. Entity Name

BROOKWOOD INVESTMENTS, LTD. CORPORATION



FILED Mar 02, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

545 WAHOO RD

PANAMA CITY BCH, FL 32408 US

BAY POINT BOX 27790

PANAMA CITY BCH, FL 32411

No Chg-P

CR2E034 (11/05)

4. FEI Number 58-1402319

02252007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACK, THEODORE E ESQ TED MACK PA 803 N CALHOUN STREET TALLAHASSEE, FL 32303

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TALLAHASSEE, FL 32303			IN THIS SPACE			
	named entity submits this statement for the pations of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				1 Agent signature required when remetating) DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUMMELS, KENNETH P 545 WAHOO RD BAY POINT BOX 27790 PANAMA CITY BCH, FL 32411					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUMMELS, KENNETH P 545 WAHOO RD, BAY POINT BOX 27790 PANAMA CITY BCH, FL 32411			U00000653689 03/13/07-80031-014 150.00		
TITLE NAME STREET ADDRESS				D	NOT WOITE	

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12. Thereby certify that the information supplied with this filling 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.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
STREET ADDRESS
CITY-ST-ZIP

TITLE

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2007

850-233-8800

Date

Daytime Phone #