2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# F00000006797

Entity Name: BROOKE CORPORATION

Current Principal Place of Business:

10950 GRANDVIEW DRIVE
SUITE 600
OVERLAND PARK, KS 66210

New Principal Place of Business:

Current Mailing Address:

10950 GRANDVIEW DRIVE
SUITE 600
OVERLAND PARK, KS 66210

New Mailing Address:

FEI Number: 48-1009756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 US

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.

SIGNATURE: SHAWN T. LOWRY 01/08/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: ORR, ROBERT D
Address: 210 WEST STATE
City-St-Zip: PHILLIPSBURG, KS 67661

Title: TD ( ) Delete
Name: ORR, LELAND
Address: 210 WEST STATE STREET
City-St-Zip: PHILLIPSBURG, KS 67661

Title: PD ( ) Delete
Name: LARSON, ANITA
Address: 10950 GRANDVIEW, SUITE 600
City-St-Zip: OVERLAND PARK, KS 66210

Title: V ( ) Delete
Name: BREUCKMAN, PAM
Address: 10950 GRANDVIEW, SUITE 600
City-St-Zip: OVERLAND PARK, KS 66210

Title: S ( ) Delete
Name: INGRAHAM, JAMES H
Address: 10950 GRANDVIEW, SUITE 600
City-St-Zip: OVERLAND PARK, KS 66210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA LARSON PD 01/08/2007
Electronic Signature of Signing Officer or Director Date