

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90040 038 \*\*\*150.00

**DOCUMENT # F00000006798**

1. Entity Name  
**BROOKE LIFE AND HEALTH, INC.**



Principal Place of Business  
**PO BOX 412008  
 KANSAS CITY, MO 64141-2008**

Mailing Address  
**PO BOX 412008  
 KANSAS CITY, MO 64141-2008**

2. Principal Place of Business  
**10950 Grandview**

3. Mailing Address  
**10950 Grandview**

Suite, Apt. #, etc.  
**Suite 600**

City & State  
**Overland Park, KS**

Zip  
**66210**

Country  
**USA**



04012004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S PINE ISLAND RD  
 PLANTATION, FL 33324**

4. FEI Number  
**48-1065317**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOWERY, SHAWN 10895 GRANDVIEW DR BLDG 24, SUITE 250 OVERLAND PARK, KS 66210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEVLIN, DANE 10895 GRANDVIEW DR BLDG 24 SUITE 250 OVERLAND PARK, KS 66210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WINCHESTER, TIMOTHY 10895 GRANDVIEW DR BLDG 24 SUITE 250 OVERLAND PARK, KS 66210 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GAUGHAN, LISA 10875 BENSON DR SUITE 110 OVERLAND PARK, KS 66210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10950 Grandview, Suite 600 Overland Park, KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10950 Grandview, Suite 600 Overland Park, KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VS 10950 Grandview, Suite 600 Overland Park, KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Bryan Whipple 10950 Grandview, Suite 600 Overland Park, KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Peter Gull 10950 Grandview, Suite 600 Overland Park, KS 66210

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Shawn T. Lowery President/Director Date 4/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #