2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# F00000006798

Entity Name: BROOKE LIFE AND HEALTH, INC.

Current Principal Place of Business:

10950 GRANDVIEW
STE. 600
OVERLAND PARK, KS 66210

New Principal Place of Business:

Current Mailing Address:

10950 GRANDVIEW
STE. 600
OVERLAND PARK, KS 66210

New Mailing Address:

FEI Number: 48-1065317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRUBBA, GERALD
101 FEDERAL PLACE, SUITE 101
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LOWERY, SHAWN
Address: 10950 GRANDVIEW, STE. 600
City-St-Zip: OVERLAND PARK, KS 66210

Title: VD ( ) Delete
Name: DEVLIN, DANE
Address: 10950 GRANDVIEW, STE. 600
City-St-Zip: OVERLAND PARK, KS 66210

Title: VS ( ) Delete
Name: GAUGHAN, LISA
Address: 10950 GRANDVIEW, STE. 600
City-St-Zip: OVERLAND PARK, KS 66210

Title: V ( ) Delete
Name: WHIPPLE, BRYAN
Address: 10950 GRANDVIEW, STE. 600
City-St-Zip: OVERLAND PARK, KS 66210

Title: V (X) Delete
Name: GULL, PETER
Address: 10950 GRANDVIEW, STE. 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 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 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: SHAWN LOWRY DP 03/15/2005

Electronic Signature of Signing Officer or Director — Date