

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006798

FILED  
Feb 02, 2006  
Secretary of State

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:

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

## 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:

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: SHAWN LOWRY

DP

02/02/2006

Electronic Signature of Signing Officer or Director

Date