2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001000

Entity Name: BROOKE FRANCHISE CORPORATION

FILED Feb 16, 2005 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
10950 GRA SUITE 600 OVERLAND	NDVIEW DPARK, KS 6	6210	US					
Current Mailing Address:					New Mailing Address:			
10950 GRANDVIEW SUITE 600 OVERLAND PARK, KS 66210 US								
FEI Number:			nber Applied For()	FEI Nun	nber Not Appli	cable ()	Certificate of State	us Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
GRUBBA, GERALD 101 FEDERAL HIGHWAY, SUITE 101 TARPON SPRINGS, FL 34689 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,								
in the State								
SIGNATURE: Electronic Signature of Registered Agent Date								
Election Cam		-	nd Contribution ().	ıı			Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () Delete LOWRY, SHAWN s: 10950 GRANDVIEW, SUITE 600				Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () DEVLIN, DANE 10950 GRANDV OVERLAND PAI				Title: Name: Address: City-St-Zip:	GARST, KYLE) Change ()Addition VIEW, SUITE 600 IRK, KS 66210	n
Title: Name: Address: City-St-Zip:	DHOL () HOLTUS, MITCH 112 GEMINI SILVER LAKE, I				Title: Name: Address: City-St-Zip:	DEVLIN, DANE	VIEW, SUITE 600	n
Title: Name: Address: City-St-Zip:	V () WHIPPLE, BRY 10950 GRANDV OVERLAND PAI	IEW, SUI			Title: Name: Address: City-St-Zip:) Change ()Addition	ו
Title: Name: Address: City-St-Zip:	V () MERISKO, SUS 5755 MARK DA COLORADO SP	BLING BL	· ·		Title: Name: Address: City-St-Zip:	()) Change ()Addition	1
Title: Name: Address: City-St-Zip:	S () RENGEL, MATT 10950 GRANDV OVERLAND PAI	IEW, SUI			Title: Name: Address: City-St-Zip:	NOURSE, JEFF 10950 GRAND) Change () Addition = VIEW, SUITE 600 NRK, KS 66210	n

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 T. LOWRY DP 02/16/2005