

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001000

FILED
Jan 08, 2007
Secretary of State

Entity Name: BROOKE FRANCHISE CORPORATION

Current Principal Place of Business:

10950 GRANDVIEW
SUITE 600
OVERLAND PARK, KS 66210 US

New Principal Place of Business:

Current Mailing Address:

10950 GRANDVIEW
SUITE 600
OVERLAND PARK, KS 66210 US

New Mailing Address:

FEI Number: 43-1439353

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: DP () Delete
Name: LOWRY, SHAWN
Address: 10950 GRANDVIEW, SUITE 600
City-St-Zip: OVERLAND PARK, KS 66210

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

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

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

Title: V () Delete
Name: MERISKO, SUSAN
Address: 5755 MARK DABLING BLVD., STE 190
City-St-Zip: COLORADO SPRINGS, CO 80919

Title: S () Delete
Name: NOURSE, JEFF
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:

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 T. LOWRY

PRES

01/08/2007

Electronic Signature of Signing Officer or Director

Date