

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000006459**

1. Entity Name  
**AFFINITY BROKERAGE, INC.**



Principal Place of Business  
**64 INVERNESS DRIVE EAST  
ENGLEWOOD, CO 80112**

Mailing Address  
**64 INVERNESS DRIVE EAST  
ENGLEWOOD, CO 80112**



02022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**77-0450002**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	ADAMS, STEVE
STREET ADDRESS	2575 VISTA DEL MAR DRIVE
CITY-ST-ZIP	VENTURA, CA 93001

TITLE	VPM
NAME	BLANC, SCOTT
STREET ADDRESS	64 INVERNESS DRIVE EAST
CITY-ST-ZIP	ENGLEWOOD, CO 80112

TITLE	CFO
NAME	WOLFE, TOM
STREET ADDRESS	2575 VISTA DEL MAR DR
CITY-ST-ZIP	VENTURA, CA 93001

TITLE	S
NAME	JAMES, LAURA A
STREET ADDRESS	2575 VISTA DEL MAR DRIVE
CITY-ST-ZIP	VENTURA, CA 93001

TITLE	AT
NAME	LUSK, TERRY C
STREET ADDRESS	64 INVERNESS DRIVE EAST
CITY-ST-ZIP	ENGLEWOOD, CO 80112

TITLE	CEOP
NAME	SCHNEIDER, MICHAEL
STREET ADDRESS	2575 VISTA DEL MAR DRIVE
CITY-ST-ZIP	VENTURA, CA 93001

U00000639958  
02/28/07-80047-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Terry Lusk** 2/13/07 (303) 728-7423

Date Daytime Phone #