2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# F06000005219

Entity Name: NNN BROKERAGE SERVICES, INC.

Current Principal Place of Business:

450 S ORANGE AVE SUITE 900
ORLANDO, FL 32801 US

New Principal Place of Business:

450 SOUTH ORANGE AVENUE
SUITE 900
ORLANDO, FL 32801 US

Current Mailing Address:

450 S ORANGE AVE SUITE 900
ORLANDO, FL 32801 US

New Mailing Address:

450 SOUTH ORANGE AVENUE
SUITE 900
ORLANDO, FL 32801 US

FEI Number: 02-0783560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	DCEO	( ) Delete
Name:	MACNAB, CRAIG	
Address:	450 S ORANGE AVE SUITE 900	
City-St-Zip:	ORLANDO, FL 32801 US	
Title:	DVT	( ) Delete
Name:	HABICHT, KEVIN B	
Address:	450 S ORANGE AVE SUITE 900	
City-St-Zip:	ORLANDO, FL 32801 US	
Title:	DP	( ) Delete
Name:	WHITEHURST, JULIAN E	
Address:	450 S ORANGE AVE SUITE 900	
City-St-Zip:	ORLANDO, FL 32801 US	
Title:	VSEC	( ) Delete
Name:	TESSITORE, CHRISTOPHER P	
Address:	450 S ORANGE AVE SUITE 900	
City-St-Zip:	ORLANDO, FL 32801 US	
Title:	VP	( ) Delete
Name:	WILLIAMS, MATTHEW J	
Address:	450 S ORANGE AVE SUITE 900	
City-St-Zip:	ORLANDO, FL 32801 US	
Title:	EVP	( ) Delete
Name:	BAYER, PAUL E	
Address:	450 S. ORANGE AVE. SUITE 900	
City-St-Zip:	ORLANDO, FL 32801 US	

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 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: CHRISTOPHER P. TESSITORE SEC 02/24/2009

Electronic Signature of Signing Officer or Director Date