2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003020

Entity Name: BROOKE CAPITAL ADVISORS, INC.

FILED Jul 09, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1303 S.W. FIRST AMERICAN PLACE TOPEKA, KS 66604				8500 COLLEGE BLVD OVERLAND PARK, KS 66210			
Current Mailing Address:				New Mailing Address:			
1303 S.W. FIRST AMERICAN PLACE TOPEKA, KS 66604			8500 COLLEGE BLVD OVERLAND PARK, KS 66210				
FEI Number: 20-2653634 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
NATIONAL REGISTERED AGENTS, INC. 2731 EXECUTIVE PARK DRIVE SUITE 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:							
	Electroni	Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HESS, MICHAEL	EW DRIVE, SUITE 600		Title: Name: Address: City-St-Zip:	HESS, MICHA 8500 COLLEC		
Title: Name: Address: City-St-Zip:	ENGELEN, JOHN	T AMERICAN PLACE		Title: Name: Address: City-St-Zip:	DROUILLARE 8500 COLLEC		
Title: Name: Address: City-St-Zip:	BOUCHEY, KEIT	EW DRIVE, SUITE 600		Title: Name: Address: City-St-Zip:	JONES, JAME 8500 COLLEC		
Title: Name: Address: City-St-Zip:	D () I BURKE, PAUL E 1303 SW FIRST TOPEKA, KS 66	JR. AMERICAN PLACE		Title: Name: Address: City-St-Zip:	SELL, MICHA 8500 COLLEC		
Title: Name: Address: City-St-Zip:	JONES, JAMES	Delete W DRIVE, SUITE 660 K, KS 66210		Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	SELL, MICHAEL	EW DR., SUITE 600		Title: Name: Address: City-St-Zip:	(() Change () Addition	

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: JAMES JONES VP 07/09/2008