

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002665

Entity Name: THE BROCK-CHAD GROUP, INC.

FILED
Aug 20, 2009
Secretary of State

Current Principal Place of Business:

1123 W 3RD
LITTLE ROCK, AR 72201

New Principal Place of Business:

Current Mailing Address:

9201 COLLINS AVE #1026
SURFSIDE, FL 33154

New Mailing Address:

9201 COLLINS AVE
#1026
SURFSIDE, FL 33154

FEI Number: 42-1639408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, KIMBERY
9201 COLLINS AVE #1026
SURFISDE, FL 33154 US

Name and Address of New Registered Agent:

BENNETT, KIMBERLY
9201 COLLINS AVE
#1026
SURFISDE, FL 33154 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: KIMBERLY BENNETT

08/20/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BENNETT, BRUCE
Address: 17200 CHENAL PKWY STE 300,# 141
City-St-Zip: LITTLE ROCK, AR 72223

Title: DVST () Delete
Name: BENNETT, KIMBERLY
Address: 17200 CHENAL PKWY STE 300,# 141
City-St-Zip: LITTLE ROCK, AR 72223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BENNETT, BRUCE
Address: 9201 COLLINS AVE #1026
City-St-Zip: SURFSIDE, FL 33154

Title: DVST (X) Change () Addition
Name: BENNETT, KIMBERLY
Address: 9201 COLLINS AVE #1026
City-St-Zip: SURFSIDE, FL 33154

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: KIMBERLY BENNETT

DVST

08/20/2009

Electronic Signature of Signing Officer or Director

Date