2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F50348

Entity Name: C. E. BROOKS INVESTMENTS, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O C E BROOKS 801 N. MAGNOLIA AVE

801 N MAGNOLIA AVE #401 #401

ORLANDO, FL 32803 ORLANDO, FL 32803 US

Current Mailing Address: New Mailing Address:

C/O C E BROOKS 801 N. MAGNOLIA AVE #401

801 N MAGNOLIA AVE #401 ORLANDO, FL 32803 ORLANDO, FL 32803 US

FEI Number: 59-2138230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BROOKS, C E BROOKS, C. E. 801 N MÁGNOLIA AVE #401 801 N MAGNOLIA AVE ORLANDO, FL 32803 #401

ORLANDO, FL 32803 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: C. E. BROOKS 04/20/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BROOKS, C.E. BROOKS, C E Name: Name:

801 N MAGNOLIA AVE #401 801 N MAGNOLIA AVE #401 Address: Address: City-St-Zip: ORLANDO, FL City-St-Zip: ORLANDO, FL 32803 US

VSTD Title: **VSTD** Title: () Delete (X) Change () Addition BROOKS, C. M. Name: BROOKS, C.M. Name:

801 N MAGNOLIA AVE 401 801 N MAGNOLIA AVE 401 Address: Address:

ORLANDO, FL ORLANDO, FL 32803 US City-St-Zip: City-St-Zip:

() Delete Title: Title: AS AS (X) Change () Addition MANN, A L MANN, A. L. Name: Name:

801 N MAGNOLIA AVE #401 801 N MAGNOLIA AVE #401 Address: Address:

City-St-Zip: ORLANDO, FL City-St-Zip: ORLANDO, FL 32803 US

Title: () Delete Title: (X) Change () Addition Name:

SCHAFER, ROBERT W SCHAFER, ROBERT W Name: Address: 801 N MAGNOLIA AVE #401 Address: 801 N MAGNOLIA AVE #401 City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32803 US

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: C. M. BROOKS ٧ 04/20/2009