


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F92000000150</b> 1. Entity Name COLDBROOKE, INC.	
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Principal Place of Business 20320 FAIRWAY OAKS DR 331 BOCA RATON, FL 33434 US	Mailing Address 20320 FAIRWAY OAKS DR 331 BOCA RATON, FL 33434 US
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**DO NOT WRITE IN THIS SPACE**

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0359308	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

MAHLER, I. KENNETH  
20320 FAIRWAY OAKS DR  
BOCA RATON, FL 33434

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT MAHLER, I. KENNETH 20320 FAIRWAY OAKS DR BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MAHLER, BARBARA S 20320 FAIRWAY OAKS DR BOCA RATON, FL 33434
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01/23/08-80070-004 158.75

**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: I. Kenneth Mahler I. KENNETH MAHLER 1/22/08 561 470 0940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone