## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 14, 2008 08:00 AM Secretary of State

ANNUAL REPORT				Jan 14, 2008 08:00			
DOCUMENT # F93000004549					Se	ecretar	y of Sta
	™ IILL CAPITAL RESOURCES,	INC.					
Principal Plac	e of Business	Mailing Address					
501 MADISO		501 MADISON AVENUE					
18TH FLOOF New York, I		18TH FLOOR New York, Ny 10022	1	 	Giac allin dallı adını dalmı	IZAN ARIM AKRAL BUMA	11810 (BI)DBI 4) (CD)
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				4. FEI Number 22-2183			Applied For Not Applicable
·		pl. is	-   	5. Certificate o	f Status Desired		5 Additional aguired
	6. Name and Address of Current Re	gistered Agent		a ay	160 190 100 100	, ,	, .
	ATION SERVICE COMPANY			أمات	NOT WE	OITE .	Commence of the second
	S STREET SSEE, FL 32301-2525		the late of the la	P1 35 2 LE		· · · · · · · · · · · · · · · · · · ·	
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				, i y 1 1, 16 53,			
8. The above the obligat	named entity submits this statement for the tions of registered agent.	ne purpose of changing its registe	red office or register	ed agent, or both	, in the State of Flori	da. I am familiar	with, and accept
SIGNATURE							
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	~ _ ~~	00 May Be ed to Fees	U000007 01715708-8	82371 0070-019	150.00
10.	OFFICERS AND D	RECTORS	Land Lange	Carried Val	Carlo Land		right to
TITLE NAME	CEO   BRUDER, RONALD B			1	7.		
STREET ADDRESS	%BROOKHILL MGT. CORP., 501	MADISON AVE					. , ,
CITY-ST-ZIP	NEW YORK, NY 10022		_ [9, ] ***;		, M. II.		*
NAME	KRAMER, CHARLES				State of the second	3	
STREET ADDRESS CITY-ST-ZIP	% BROOKHILL MGT. CORP., 501 NEW YORK, NY 10022	MADISON AVE.	and many a		Thur he brings	r. : ''	
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STREET ADDRESS CITY-ST-ZIP	NEW YORK, NY 10022	· · ·	A manual and a man	DO	NOT WI	RITE"	
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NAME				. de-	A. P. P.		
STREET ADDRESS CITY-ST-ZIP			4 4 5	en e			
	I certify that the information supplied with t	s filing does not qualify for the e	emptions contained			rther certify that	the information
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 the and accurate and that my signature shall have the same legal effect as if made under path, that I am an officer or director of the corporation or the receiver or trusteelemphore do 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.							

Branch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_