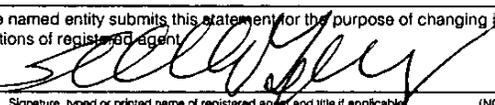
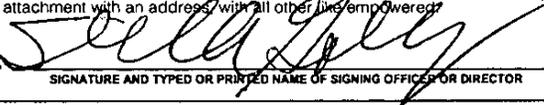


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90009 010 ***150.00

DOCUMENT # F94000006161					
1. Entity Name CUMBERLAND BROKERAGE CORPORATION					
Principal Place of Business 614 LANDIS AVE. VINELAND, NJ 08360		Mailing Address 614 LANDIS AVE VINELAND, NJ 08360			
2. Principal Place of Business 417 N 8 th Street Suite, Apt. #, etc. Suite: 507 City & State Philadelphia PA		3. Mailing Address 1071 E Landis Ave Suite, Apt. #, etc. City & State Vineland NJ		 07062006 Chg-P CR2E034 (11/05)	
7ip 19123		Country USA		4. FEI Number 52-1694636 Applied For Not Applicable	
Zip 08360		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDBERG, SHELDON E UNIT B-509 L'ELEGANCE ON LIDO BEACH 1800 BENJAMIN FRANKLIN DRIVE SARASOTA, FL 34236				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
				FL Zip Code	
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 				DATE 7-24-06	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, SHELDON E			NAME	
STREET ADDRESS	B-509 1800 BENJAMIN FRANKLIN DRIVE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE, ELLYN H			NAME	
STREET ADDRESS	5245 N STERLING SPRINGS DR			STREET ADDRESS	
CITY-ST-ZIP	TUCSON, AZ 85749			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, ANTONIA A			NAME	
STREET ADDRESS	B-509 1800 BENJAMIN FRANKLIN DRIVE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL			CITY-ST-ZIP	
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEFIELD, TERRY A.			NAME	
STREET ADDRESS	216 SALT GRASS COURT			STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 				DATE 7-24-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 8566963400	