

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-31-2006 90009 010 ***150.00

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| 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 8th Street Suite, Apt. #, etc. Suite 507 City & State Philadelphia PA | | 3. Mailing Address 1071 E Landis Ave Suite, Apt. #, etc. City & State Vineland NJ | |  | |
| Zip 19123 | | Country USA | | Zip 08360 | |
| Country USA | | 4. FEI Number 52-1694636 | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 Street Address (P.O. Box Number is Not Acceptable) 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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 NAME GOLDBERG, SHELDON E STREET ADDRESS B-509 1800 BENJAMIN FRANKLIN DRIVE CITY-ST-ZIP SARASOTA, FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE V <input type="checkbox"/> Delete NAME BRUCE, ELLYN H STREET ADDRESS 5245 N STERLING SPRINGS DR CITY-ST-ZIP TUCSON, AZ 85749 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE S <input type="checkbox"/> Delete NAME GOLDBERG, ANTONIA A STREET ADDRESS B-509 1800 BENJAMIN FRANKLIN DRIVE CITY-ST-ZIP SARASOTA, FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE V <input checked="" type="checkbox"/> Delete NAME BENEFIELD, TERRY A. STREET ADDRESS 216 SALT GRASS COURT CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 7-24-06 | | Daytime Phone # 856-696-3400 |