2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003223

O E DDOMEDAGE ING

Name:

Address:

City-St-Zip:

FILED Jan 20, 2009 Secretary of State

Entity Nai	me: CFBRO	KERAGE, INC.		
Current Principal Place of Business:			New Principal Place	of Business:
	T OAK BLVD., N, TX 77056	#1600		
Current Mailing Address:			New Mailing Address:	
	T OAK BLVD., N, TX 77056	#1600		
FEI Number	: 76-0572549	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()
Name and	l Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
155 OFFIC SUITE A TALLAHAS The above	CE PLAZA DRI SSEE, FL 323 named entity e of Florida.	01 US	e purpose of changing its registere	ed office or registered agent, or both,
SIGNATU		nic Signature of Registered A	nent	 Date
Election Car		g Trust Fund Contribution ().	gom	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:) Delete EAN K BLVD #1600	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VD (O'DONNELL, L 7475 WISCON BETHESDA, M	SIN AVE #1100	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S (NICHOLLS, MI 1980 POST OA HOUSTON, TX	K BLVD #1600	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DUKE, OWEN	SIN AVENUE 4TH FL	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	() Delete	Title: T	() Change (X) Addition

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.

Name:

Address:

PFILE, LEROY E JR.

City-St-Zip: HOUSTON, TX 77056

1980 POST OAK BOULEVARD, SUITE 1600

SIGNATURE: LEROY E. PFILE Τ 01/20/2009