## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Aug 29, 2005 08:00 AM DOCUMENT # F98000005110 **Secretary of State** Entity Name BRUCE BRODER, INC. Mailing Address Principal Place of Business 7997 WOODPECKER TRAIL 7997 WOODPECKER TRAIL JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 No Chg-P CR2E034 (10/03) 08142005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-2366050 Not Applicable \$8.75 Additional 8. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE LEWIS, LONGMAN & WALKER, P.A. 9428 BAYNEADOWS ROAD **SUITE 625** IN THIS SPACE JACKSONVILLE, FL. 32256 3. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Apent signature required when refretating) 9. Election Campaign Financing \$5.00 May Be FILE NOW[!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. MLE NAME BRODER, DEBORAH C STREET ADDRESS 7997 WOODPECKER TRAIL CITY-ST-ZIP JACKSONVILLE, FL 32256 TILLE BRODER, BRUCE U00000377271 U8/29/05-80002-015 550.00 STREET ADDRESS 7997 WOODPECKER TRAIL CITY-ST-ZIP JACKSONVILLE, FL 32256 BRODER, ANDREW J NALIF STREET ADDRESS 32100 TELEGRAPH ROAD, SUITE 200 DO NOT WRITE CITY-ST-ZIP BINGHAM FARMS, MI 480252454 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

I hereby cartify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Ockorah Krosler, Pres.

STREET ADDRESS CITY-ST-ZIP

8/21/05