2008 FOR PROFIT CORPORATION

Jan 23, 2008 08:00 AN ANNUAL REPORT Secretary of State **DOCUMENT # G81280** 1. Entity Name **BROPHY ASSOCIATES, INC.** Principal Place of Business Mailing Address C/O WILLIAM S. ANSLEY C/O WILLIAM S. ANSLEY 9340 S.W. 106TH COURT 9340 S.W. 106TH COURT MIAMI, FL 33176 MIAMI, FL 33176 01082008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2372092 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANSLEY, WILLIAM S. DO NOT WRITE 9340 S.W. 106TH COURT MIAMI, FL 33176 IN THIS SPACE 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. (NOTE: Registered Agent signature required when revisitating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DΡ TITLE ANSLEY, WILLIAM S. NAME STREET ADDRESS 9340 SW 106 COURT 000000791733 CITY-ST-ZIP MIAMI, FL 23/08-80086-023 150:00 ANSLEY, CYNTHIA D. NAME 9340 SW 106 COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET AODRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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:

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

TED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08

FILED