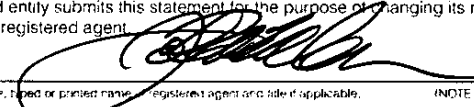
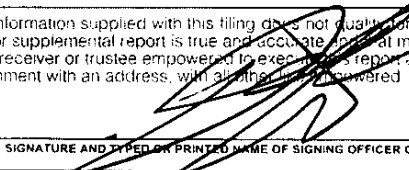


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90032 027 ***150.00

DOCUMENT # H77334 1. Entity Name BROOK PUBLISHING, INC.					
Principal Place of Business 13130 WEST LINKS TERRACE, SUITE 3 FORT MYERS, FL 33913 US			Mailing Address PO BOX 60205 FORT MYERS, FL 33906 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <i>clp</i> JOHN M. WICKER, P.A. P.O. DRAWER 60205 FORT MYERS, FL 33906			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2601273	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYSTON, JR, ROBERT D 12670 NEW BRITTANY BLVD #101 FT MYERS, FL 33907			7. Name and Address of New Registered Agent Name: JOHN M. WICKER, P.A. Street: 12670 NEW BRITTANY BLVD., STE 101 City: FORT MYERS, FL 33907 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:  Signature, typed or printed name of registered agent and title if applicable. John M. Wicker (NOTE: Registered Agent signature required when resigning) 2/6/08 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CUMMINS, DONALD L 11900 FAIRWAY LAKES DR FORT MYERS, FL 33913	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Donald L. Cummins 13130 Westlinks Terrace Ste 3 Fort myers, FL 33913
☐ Change ☐ Addition		☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MERTZ, AUSTIN C 11900 FAIRWAY LAKES DR FORT MYERS, FL 33913	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Austin C. Mertz 13130 Westlinks Terrace Ste 3 Fort myers, FL 33913
☐ Change ☐ Addition		☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2 BAKER, RISA E 11900 FAIRWAY LAKES DR FORT MYERS, FL 33913	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 2 Risa E. Baker 13130 Westlinks Terrace Ste 3 Fort myers FL 33913
☐ Change ☐ Addition		☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
☐ Change ☐ Addition		☐ Change ☐ Addition			
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 information required.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					