2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # J78180** 04-24-2006 90386 045 ***150.00 1. Entity Name SHER-BRU-ROY ENTERPRISES, INC. Principal Place of Business Mailing Address 956 S.W. 12TH AVENUE 956 S.W. 12TH AVENUE POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 3. Mailing Address 1197 NW 83 PO Avc. 2. Principal Place of Business RD Ave Suite, Apt. #, etc. CR2E034 (11/05) 04202006 Chg-P City & State City & State SPRINGS THY a SLATE SPRINGS 4. FEI Number Applied For 11-2157608 Not Applicable 33071 \$8.75 Additional 5. Certificate of Status Desired п Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BRODY, SHERRY** Street Address (P.O. Box Number is Not Acceptable) 956 12TH AVE POMPANO BEACH, FL 33069 CORAL SPRINKS 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition D TILE ☐ Delete MLE 1197 NW 83RD AVENUE BRODY, BRUCE MALE NAME 956 S.W. 12TH AVENUE STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33071 CITY-ST-ZIP POMPANO BEACH, FL CITY-ST-ZIP STD TITLE D Ociete TITLE 1191 NW 83 RO AVE NAME BRODY, S KAME STREET ADDRESS 956 SW 12TH AVE STREET ADDRESS CORAL SPRINGS, FL. 3307/ CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH, FL 33069 Change ☐ Addition TITLE ☐ Delete ME NAME MASSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete me ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Defeta TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SHERRY BROOY

FILED