2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 30, 2004 08:00 AM DOGUMENT # K48436 **Secretary of State** BROKERAGE FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 201 WILLIAMS ROAD % WILLIAM J. HARLE, JR. WINTER SPRINGS, FL 32708 201 WILLIAMS ROAD WINTER SPRINGS, FL 32708 CR2E034 (10/03) 01232004 No Cho-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2921177 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HARLE, WILLIAM J., JR. DO NOT WRITE 201 WILLIAMS ROAD WINTER SPRINGS, FL 32708 IN THIS SPACE 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 tale if applicable. (NOTE: Registered Agent signature required when revisitating) BATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE (\$ \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. U00000023463 Added to Fees OFFICERS AND DIRECTORS 10. TITLE HARLE, WILLIAM J., JR. MAME STREET ADDRESS 201 WILLIAMS ROAD WINTER SPRINGS, FL CXTY-ST-7P VIS BILE NAME HARLE, CARLA S STREET ADDRESS 201 WILLIAMS ROAD WINTER SPRINGS, FL CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CXTY-ST-ZIP TITLE IN THIS SPACE MARKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify 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 trusted employment 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.

AF OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: