2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K55572

1. Entity Name
WESTBROOK SERVICE CORPORATION

FILED
06 MAY -1 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04202006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
1411 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805	1411 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2924166 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETERLIN, CYNTHIA 1411 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — 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. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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	DCEO ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	MATTHEWS, OWEN STROUD	NAME	Robert F. Ingram
STREET ADDRESS	2034 COVE TRAIL	STREET ADDRESS	506 Burnt Tree Lane
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	Apopka, FL 32712
TITLE	D ☐ Delete	TITLE	DVP ☐ Change ☒ Addition
NAME	FABER, CRAIG OWEN	NAME	James Roberts
STREET ADDRESS	5011 LIDO ST	STREET ADDRESS	1748 Colleen Drive
CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP	Orlando, FL 32809
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GLANCY, DANIEL G	NAME	
STREET ADDRESS	210 NE TRIPLET DR.	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY, FL 32707	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CRAIN, SHANE	NAME	
STREET ADDRESS	14232 MAILER BLVD	STREET ADDRESS	700074510277
CITY-ST-ZIP	ORLANDO, FL 32828	CITY-ST-ZIP	05/12/06--01015--004 **61.25
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THURMAN, DAVID J	NAME	
STREET ADDRESS	114 WATER OAK LANE	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PETERLIN, CYNTHIA C	NAME	
STREET ADDRESS	5514 SATEL DRIVE	STREET ADDRESS	B 5/8/06
CITY-ST-ZIP	ORLANDO, FL 32810	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: Cynthia C. Peterlin — 4-20-06 — 407-841-3310 x 107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Cynthia C. Peterlin Secretary