


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -3 AM 11:02

DOCUMENT # K55572					
1. Entity Name WESTBROOK SERVICE CORPORATION					
Principal Place of Business 1411 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805			Mailing Address 1411 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2924166	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONROY, CAROL A 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DCEO MATTHEWS, OWEN STROUD 2034 COVE TRAIL WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Roberts, James 1748 Colleen Drive Orlando, FL 32809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABER, CRAIG OWEN 5011 LIDO ST ORLANDO, FL 32807	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ingram, Robert F. 506 Burnt Tree Lane Apopka, FL 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLANCY, DANIEL G 210 NE TRIPLET DR. CASSELBERRY, FL 32707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Faber, Craig Owen 5011 Lido Street Orlando, FL 32807	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAIN, SHANE 14232 MAILER BLVD ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THURMAN, DAVID J 114 WATER OAK LANE ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200132595592 07/09/08--01035--006 **\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONROY, CAROL A 419 MINNEHAHA ROAD MAITLAND, FL 32751	<input type="checkbox"/> Delete	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: <u>Carol A. Conroy</u>		Date: <u>7-1-08</u>		Daytime Phone #: <u>407-841-3310 X126</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Carol A. Conroy, Secretary</u>					

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