2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L99107

Entity Name: CUSTOMIZED BROKERS, INC.

Current Principal Place of Business:

9487 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

9487 REGENCY SQUARE BLVD.
C/O BRUCE LOVE
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 65-0585103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SVP ( ) Delete
Name: SCHEPEN, MARINUS
Address: 9487 REGENCY SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete
Name: COMPRES, PATRICIA
Address: PO BOX 528063
City-St-Zip: MIAMI, FL 33152

Title: VP ( ) Delete
Name: WARNER, DANIEL
Address: 9487 REGENCY SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: SEC ( ) Delete
Name: LOVE, BRUCE
Address: 9487 REGENCY SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: AT ( ) Delete
Name: SMITH, BRYAN
Address: 9487 REGENCY SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: AT ( ) Delete
Name: SALLAH, MOMODOU
Address: 9487 REGENCY SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DSVP (X) Change ( ) Addition
Name: COLLAR, STEVE
Address: 9487 REGENCY SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change ( ) Addition
Name: WARNER, DANIEL
Address: 9487 REGENCY SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE LOVE SEC 04/22/2009

Electronic Signature of Signing Officer or Director Date