


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90027 008 \*\*\*\*61.25

<b>DOCUMENT # N02000007828</b>		
1. Entity Name <b>BREEZE HILL STORAGE, INC.</b>		
Principal Place of Business 8674 BREEZE HILL DR LAKE WALES, FL 33898		Mailing Address 8674 BREEZE HILL DR LAKE WALES, FL 33898
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>BREEZE HILL Storage</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>P.O. BOX 264</b>
City & State		City & State <b>FRSTPRDF FL</b>
Zip	Country	Zip <b>33843</b> Country <b>POLK</b>
02262008 Chg-NP		CR2E037 (12/06)
4. FEI Number <b>42-1554339</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>



6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name <b>BROWN, JAMES R</b>		Name	
Street Address (P.O. Box Number is Not Acceptable) <b>8647 BREEZE HILL DR. ← ERROR</b>		Street Address (P.O. Box Number is Not Acceptable) <b>8674 BREEZE HILL DR</b>	
City <b>LAKE WALES, FL 33898</b>		City <b>FL</b> Zip Code	

**CORRECT →**

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 **JAMES R. BROWN** *James R. Brown* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to: Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROUNDS, RICHARD 8664 BREEZE HILL DR LAKE WALES, FL 33898 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORMAN BARDO</b> 8713 BREEZE HILL DR LAKE WALES, FL 33898 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VUKICH, JAME 9186 LAKE POINT BLVD LAKE WALES, FL 33898 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, JAMES R 8647 BREEZE HILL DR. LAKE WALES, FL 33898 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SYPHEIT, TOM 8677 BREEZE HILL DR LAKE WALES, FL 33898 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PECK, JERRY 8712 BREEZE HILL DR LAKE WALES, FL 33898 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LARRY BRYANT</b> 3671 BREEZE WAY LAKE WALES, FL 33898 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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 *James R. Brown* \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR