


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2007 8:00 am
Secretary of State


06-01-2007 90002 024 ****70.00

DOCUMENT # N94000004241 1. Entity Name BRCH PROPERTIES, INC.	
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Principal Place of Business 800 MEADOWS RD. BOCA RATON, FL 33486	Mailing Address PAUL RISNER, Boca Raton Community Hosp 800 MEADOWS RD. BOCA RATON, FL 33486
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DO NOT WRITE IN THIS SPACE

40119320



05172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3298309	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RISNER, PAUL E ESQ 800 MEADOWS RD BOCA RATON COMMUNITY HOSP BOCA RATON, FL 33486

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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: _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRACK, GARY 800 MEADOWS RD. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RISNER, PAUL 800 MEADOWS RD. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MEINKE, KENNETH 800 MEADOWS RD. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 5/18/07	Daytime Phone # (561) 955-4285
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