


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90056 008 ***158.75

DOCUMENT # P00000022731	
1. Entity Name THE BROOKS COMPANY	

Principal Place of Business 21044 WOLFBRANCH RD. MT. DORA, FL 32757	Mailing Address 21044 WOLFBRANCH RD. MT. DORA, FL 32757
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

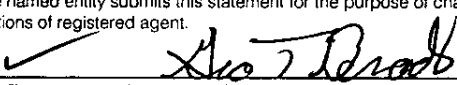


03082007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3632133		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEVIN, PATRICIA G 21044 WOLFBRANCH RD MT. DORA, FL 32757		7. Name and Address of New Registered Agent Name George Brooks Street Address (P.O. Box Number is Not Acceptable) 21044 Wolfbranch Rd City Mt. Dora FL Zip Code 32757	
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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.

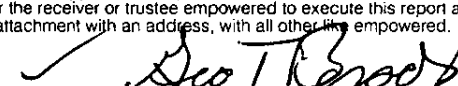
SIGNATURE  DATE **3-9-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROOKS, GEORGE T JR. 21044 WOLFBRANCH RD. MT. DORA, FL 32757 <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	VP BROOKS, THOMAS 21044 WOLFBRANCH RD MOUNT DORA, FL 32757 <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	S LEVIN, PATTI 21044 WOLFBRANCH RD MOUNT DORA, FL 32757 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/T DeTorres, Lito <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 37111 Shalimar Dr Fruitland Park, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVIN, PATTI 21044 WOLFBRANCH RD. MOUNT DORA, FL 32757 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/VP DeTorres, Lito <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 37111 Shalimar Dr. Fruitland Park, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LITO, DE TORRES 37111 SHALIMAR DR FRUITLAND PARK, FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/T DeTorres, Lito <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 37111 Shalimar Dr FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 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 lines empowered.

SIGNATURE:  DATE **3-9-07** 352-383-5758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR