2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2006 08:00 AM Secretary of State DOCUMENT # P01000044592 1. Entity Name NETHERLANDS BROKERAGE PARTNERS, INC. Principal Place of Business Mailing Address 3260 UNIVERSITY BLVD. 3260 UNIVERSITY BLVD. SUITE 210 SUITE 210 WINTER PARK, FL 32792 WINTER PARK, FL 32792 03132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3733435 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HEEKIN, JAMES P JR. DO NOT WRITE 215 N. EOLA DRIVE ORLANDO, FL 32801 IN THIS SPACE 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, typed or printed name of registered agent and title if epipicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. MGRM MILE HEAVENE, JAMES W MAME 3260 UNIVERSITY BLVD. SUITE 210 STREET ADDRESS DTY-ST-719 WINTER PARK, FL 32792 U00000496245 04/22/06-80006-003 150.00 TATLE NAME HADDOCK, EDWARD E JR. STREET ADDRESS 3260 UNIVERSITY BLVD., #210 CITY-ST-ZIP WINTER PARK, FL 32792 PHELPS, JONATHAN NAME STREET ADDRESS 3260 UNIVERSITY BLVD., #210 DO NOT WRITE CITY-ST-ZIP WINTER PARK, FL 32792 TITLE IN THIS SPACE NAME STITEET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. Hereby certify that the information supplied with this filling 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 cetting that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report do 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:

TITLE
NAME
STREET ADDRESS
CITY-SI-2IP

SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-06

Daytins Phone 4

FILED