2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000082467...

1. Entity Name BRODAHL ENTERPRISES, INC.



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

965 SPRING GARDEN ST

ALTAMONTE SPRINGS, FL 32701

965 SPRING GARDEN ST ALTAMONTE SPRINGS, FL 32701



| DO | C | N | TO | WR | ITE | IN | THIS | SPA | CE |
|----|----------|---|----|----|-----|----|-------------|-----|----|
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4. FEI Number Applied For 59-3739357 Not Applied be

5. Certificate of Status Desired

No Chg-P

04222008

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

EKDAHL, ROBERT A 4006 SW 25TH PLACE CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE

| CAPE CO | KAL, FL 33914 | | 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE | | | | | | | | | | | | |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Financing Trust Fund Contribution. Added to Fees | | | | | | | | | | |
| 10. | OFFICERS AND DIREC | TORS | | | <u> </u> | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P EKDAHL, ROBERT A 4006 SW 25TH PL CAPE CORAL, FL 33914 | | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V EKDAHL, PAUL E 965 SPRING GARDEN STREET ALTAMONTE SPRINGS, FL 32701 | | | | U00000919512 05/14/08-80007-001 150.00 | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | i | IN T | THIS SPACE | | | | | | | |
| TITLE NAME STREET ADDRESS CITY_ST_TIP | , | | | | | | | | | | | |

12. I 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 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 like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Paul G. Glidune

Paul E. EKduhl

4/21/08 407-331-3398