


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000094219 1. Entity Name C/R BROKERAGE, INC.						FILED 07 APR 23 AM 9:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 7712 WEEPING WILLOW CIR SARASOTA, FL 34241				Mailing Address 7712 WEEPING WILLOW CIR SARASOTA, FL 34241			
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	
6. Name and Address of Current Registered Agent COX, JACK S 9002 SE BRIDGE RD. HOBE SOUND, FL 33455				7. Name and Address of New Registered Agent Name <u>COX, JACK S.</u> Street Address (P.O. Box Number is Not Acceptable) <u>11450 SE DIXIE HIGHWAY</u> <u>SUITE 104</u> City <u>HOBE SOUND</u> FL <u>33455</u>			
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/7/07</u>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PHILLIPS, VIRGINIA L 7712 WEEPING WILLOW CIR SARASOTA, FL 34241 <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	PD ROACH, ALFRED R JR 7712 WEEPING WILLOW CIR SARASOTA, FL 34241 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000101358200 05/03/07--01020--009 **61.25		
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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 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: <u>[Signature]</u> Date <u>4/15/07</u> Daytime Phone # <u>9419291286</u>							