


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2007 8:00 am
Secretary of State


05-17-2007 90037 021 ***150.00

DOCUMENT # P01000099271 1. Entity Name BROKER'S HOLDING COMPANY, INC.	
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Principal Place of Business 241 S. WESTMONTE DR. SUITE 1000 ALTAMONTE SPRINGS, FL 32714	Mailing Address 241 S. WESTMONTE DR. SUITE 1000 ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE

40113300



03182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3750236	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STEPHAN, REINHARD G ESQ. 241 S. WESTMONTE DR. SUITE 1000 ALTAMONTE SPRINGS, FL 32714	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

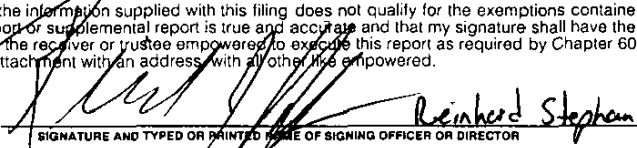
**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD STEPHEN, REINHARD G 241 S. WESTMONTE DR., SUITE 1000 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LANDOW, ALAN 1745 THOROUGHbred DRIVE GOTHA, FL 34734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **Reinhard Stephan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-30-07** Daytime Phone # **407-772-3330**