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**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90155 006 \*\*\*150.00

<b>DOCUMENT # P01000110373</b>	
1. Entity Name <b>BRUMAL, INC.</b>	

Principal Place of Business <b>1318 LAFAYETTE STREET CAPE CORAL FL 33904</b>	Mailing Address <b>1318 LAFAYETTE STREET CAPE CORAL, FL 33904</b>
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR20034 (11/05)

4. FEI Number <b>65-1155643</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**SLOAN, CHARLES  
5326 BAYVIEW CT  
CAPE CORAL, FL 33904**

**DO NOT WRITE  
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 firm if applicable. PRINT: Registered Agent signature required when reprinted. DATE

<b>FILE NOW!!! FEE IS \$190.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOPES, MALCOLM J 1318 LAFAYETTE STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAGLE, BRUCE 1318 LAFAYETTE ST CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 19, 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: \_\_\_\_\_  
Signature, typed or printed name of signing officer or director. Date. System Form 4

4-29-08