2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 16, 2004 08:00 AM **Secretary of State** DOCUMENT # P02000004712 BROOKE FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 6619 SOUTH DIXIE HIGHWAY 6619 SOUTH DIXIE HIGHWAY SUITE 134 SUITE 134 MIAMI, FL 33143 MIAMI, FL 33143 07092004 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3585963 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agont and title if applicable. INCITE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PSTD HUNDHAUSEN, NATALIE B NAME 000000166559 STREET ADDRESS 6619 SOUTH DIXIE HIGHWAY 07/16/04-80001-024 158.75 CITY-ST-ZIP MIAMI, FL 33143 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CXTY-ST-ZXP TITLE IN THIS SPACE NAME STREET ADDRESS City-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED