

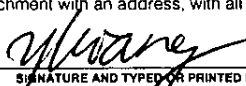


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000076829 1. Entity Name BROTHER AUTO REPAIR, INC.																	
Principal Place of Business 1095 N. COURTNEY PARKWAY MERRITT ISLAND, FL 32953			Mailing Address 1095 N. COURTNEY PARKWAY MERRITT ISLAND, FL 32953														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.															
City & State Zip Country		City & State Zip Country		01182008 Chg-P CR2E034 (12/06)													
4. FEI Number 55-0788471				Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HOANG, Y 1095 N. COURTNEY PARKWAY MERRITT ISLAND, FL 32953													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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) Signature, typed or printed name of registered agent and title if applicable DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOANG, Y</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1095 N. COURTNEY PARKWAY</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MERRITT ISLAND, FL 32953</td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	HOANG, Y		STREET ADDRESS	1095 N. COURTNEY PARKWAY		CITY - ST - ZIP	MERRITT ISLAND, FL 32953	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">U000000733118</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>01/24/08-80036-011 150.00</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	U000000733118	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	01/24/08-80036-011 150.00		CITY - ST - ZIP			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.			
TITLE	U000000733118	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME																	
STREET ADDRESS	01/24/08-80036-011 150.00																
CITY - ST - ZIP																	
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1-21-08 Daytime Phone #													