

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90329 025 ***150.00

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DOCUMENT # P03000013213 1. Entity Name BUSINESSBROKER.COM, INC.					
Principal Place of Business 2501 SW 53RD TERRACE CAPE CORAL, FL 33914			Mailing Address % SZYMANSKI 13391 GATEWAY DR. #117 FORT MYERS, FL 33919		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 40 SZYMANSKI 2413 NW 27TH TER. City & State CAPE CORAL FL Zip 33993			
City & State CAPE CORAL FL		4. FEI Number 05-0558642		Applied For <input type="checkbox"/> Not Applicable	
Zip 33993		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SZYMANSKI, FRANCES K 13391 GATEWAY DR. 3117 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Frances Szymanski SZYMANSKI Street Address (P.O. Box Number is Not Acceptable) 2413 NW 27TH TER City CAPE CORAL FL Zip Code 33993		
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><i>Frances K. Szymanski</i></u> 1/8/06 <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WILLIAMS, DAVID E 2501 SW 53RD TERRACE CAPE CORAL, FL 33914		<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			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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><i>David E. Williams, Pres</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-1-06 Daytime Phone 239-936-1718		