2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 13, 2008 08:00 AM Secretary of State **DOCUMENT # P03000025446** 1. Entity Name HOLLYBROOKE, INC. Principal Place of Business Mailing Address 1903 SW 84TH TERR 1903 SW 84TH TERR N LAUDERDALE, FL 33068 N LAUDERDALE, FL 33068 CR2E034 (11/05) 01282008 No Cha-P Applied For 4. FEI Number 35-2220852 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KERR, RONALD A 1903 SW 84TH TERR N LAUDERDALE, FL. 33068 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 title if applicable. (NOTE: Registered Agent signature required when rematisting) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS nne FOSTER, ANTHONY S NAME STREET ADDRESS 1903 SW 84TH TERRACE CITY-ST-7P N. LADERDALE, FL 33068 TITLE KERR, RONALD A NAME U00000826860 02/21/08-80065-016 158.75 STREET ADDRESS 1903 SW 84TH TERRACE CITY-ST-7IP N. LAUDERDALE, FL 33068 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP nne NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED

954-722.8509

Davime Phone #