2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 02, 2005 08:00 AN DOCUMENT # P03000092637 **Secretary of State** 1. Entity Name BROOK ASSOC.,INC Principal Place of Business Mailing Address 4679 OAK FOREST DR E 4679 OAK FOREST DR E SARASOTA, FL 34231 SARASOTA, FL 34231 No Chg-P CR2E034 (10/03) 04272005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1706018 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE BECVAR, BROOK 4679 OAK FOREST DR E IN THIS SPACE SARASOTA, FL 34231 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, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. IJÜÑŨŬŨ357367 TITLE 715/04/05-80071-005 150.00 BECVAR, BROOK NAME STREET ADDRESS 4679 OAK FOREST DR E CITY-ST-ZIP SARASOTA, FL 34231 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME T ADDRESS 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 118.07(3)(i), 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

BROOK