2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000096347 05-02-2005 90436 023 ***150.00 BROKER MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 2200 NORTH FEDERAL HIGHWAY 2200 NORTH FEDERAL HIGHWAY SUITE 203 SUITE 203 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 33-1069279 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, JOHN P Street Address (P.O. Box Number is Not Acceptable) 2499 GLADES ROAD SUITE 305A BOCA RATON, FL 33431 City 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. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE BRADFORD GEISEN GEISEN, BRADFORD R NAME NAME 2201 NW CORPORATE BLVD STE 200 2200 NORTH FEDERAL HIGHWAY, SUITE 305A STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33431 BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-ZIP TITLE JAMES 400DY MOODY, JAMES D NAME NAME 2201 NW CORPORATEBIND STE 200 STREET ADDRESS 2200 NORTH FEDERAL HIGHWAY, SUITE 305A STREET ADDRESS CITY-ST-ZIP OCA RATON FL 3343 CITY-ST-ZIP BOCA RATON, FL 33431 ____ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-Zie CITY-ST-7IP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TOTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 changed, or on an attachment with an address, with all other like empowered. BRAD GETSEN 4/25/05 SIGNATURE: ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 02, 2005 8:00 am