

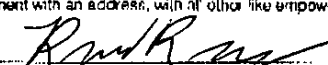
FROM : KING FINANCIAL GROUP, INC.

FAX NO. : 8504342299

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90473 033 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000150054 1. Entity Name ANOINTED BROTHERS INC.			
Principal Place of Business 7002 LANIER DR APT 2 PENSACOLA, FL 32504		Mailing Address 7002 LANIER DR APT 2 PENSACOLA, FL 32504	
2. Principal Place of Business 5865 Reynosa Drive Suite, Apt. #, etc.		3. Mailing Address 5865 Reynosa Drive Suite, Apt. #, etc.	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32504		Zip 32504	
Country U.S.A.		Country U.S.A.	
6. Name and Address of Current Registered Agent ROBERGE, RICHARD 7002 LANIER DR. APT 2 PENSACOLA, FL 32504		7. Name and Address of New Registered Agent Name Richard Roberge Street Address (P.O. Box Number is Not Acceptable) 5865 Reynosa Drive City Pensacola FL Zip Code 32504	
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  President 4/29/05 Signature, typed or printed name of registered agent and title if applicable. (NOT the Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ROBERGE, BRANDON STREET ADDRESS 8853 DEVENSHIRE CITY-STATE-ZIP PENSACOLA, FL 32506	☐ Delete	TITLE P NAME Richard Roberge STREET ADDRESS 5865 Reynosa Drive CITY-STATE-ZIP Pensacola, FL 32504	☐ Change ☐ Addition
TITLE P NAME ROBERGE, RICHARD STREET ADDRESS 7002 LANIER DR APT 2 CITY-STATE-ZIP PENSACOLA, FL 32506	☐ Delete	TITLE P NAME Richard Roberge STREET ADDRESS 5865 Reynosa Drive CITY-STATE-ZIP Pensacola, FL 32504	☐ Change ☐ Addition
TITLE P NAME ROBERGE, RICHARD STREET ADDRESS 7002 LANIER DR APT 2 CITY-STATE-ZIP PENSACOLA, FL 32506	☐ Delete	TITLE P NAME Richard Roberge STREET ADDRESS 5865 Reynosa Drive CITY-STATE-ZIP Pensacola, FL 32504	☐ Change ☐ Addition
TITLE P NAME ROBERGE, RICHARD STREET ADDRESS 7002 LANIER DR APT 2 CITY-STATE-ZIP PENSACOLA, FL 32506	☐ Delete	TITLE P NAME Richard Roberge STREET ADDRESS 5865 Reynosa Drive CITY-STATE-ZIP Pensacola, FL 32504	☐ Change ☐ Addition
TITLE P NAME ROBERGE, RICHARD STREET ADDRESS 7002 LANIER DR APT 2 CITY-STATE-ZIP PENSACOLA, FL 32506	☐ Delete	TITLE P NAME Richard Roberge STREET ADDRESS 5865 Reynosa Drive CITY-STATE-ZIP Pensacola, FL 32504	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 or without being empowered.			
SIGNATURE:  Richard Roberge SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/29/05 (850)341-9514 Date Telephone	

40073068



04272005 Chg-P CR2E034 (10/03)

 4. FEI Number
 20-0443561

 Applied For
 Not Applicable

 5. Certificate of Status Desired ☐ **\$8.75 Additional
 Fee Required**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.(NOT the Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

 9. Election Campaign Financing
 Trust Fund Contribution: ☐
**\$5.00 May Be
 Added to Fees**
10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	ROBERGE, BRANDON	
STREET ADDRESS	8853 DEVENSHIRE	
CITY-STATE-ZIP	PENSACOLA, FL 32506	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 or without being empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDateTelephone