

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022601

FILED
Apr 04, 2006
Secretary of State

Entity Name: THE BROCKMAN CORPORATION

Current Principal Place of Business:

2781 WEST STATE ROAD 434
LONGWOOD, FL 327794880

New Principal Place of Business:

311 AULIN AVE
100
OVIEDO, FL 32765 US

Current Mailing Address:

2781 WEST STATE ROAD 434
LONGWOOD, FL 327794880

New Mailing Address:

311 AULIN AVE
100
OVIEDO, FL 32765 US

FEI Number: 76-0780412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LANCE D
2781 WEST STATE ROAD 434
LONGWOOD, FL 327794880 US

Name and Address of New Registered Agent:

DALRYMPLE, POLK B OWNER
1791 TERRA VERDE
CHULUOTA, FL 32732 US

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.

SIGNATURE: POLK B. DALRYMPLE

04/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POLK BROCKMAN DALRYM, PLE
Address: 451 AULIN AVENUE, SUITE 2
City-St-Zip: OVIEDO, FL 32765

Title: VPD () Delete
Name: LENNON, BRIAN K
Address: 451 AULIN AVENUE, SUITE 2
City-St-Zip: OVIEDO, FL 32765

Title: STD () Delete
Name: KING, DONALD
Address: 451 AULIN AVENUE, SUITE 2
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Delete
Name: SMITH, LANCE D
Address: 2781 WEST STATE ROAD 434
City-St-Zip: LONGWOOD, FL 327794880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POLK BROCKMAN DALRYM, PLE
Address: 311 AULIN AVE STE 100
City-St-Zip: OVIEDO, FL 32765 US

Title: VPD (X) Change () Addition
Name: LENNON, BRIAN K
Address: 451 AULIN AVENUE, SUITE A
City-St-Zip: OVIEDO, FL 32765 US

Title: STD (X) Change () Addition
Name: KING, DONALD
Address: 451 AULIN AVENUE, SUITE A
City-St-Zip: OVIEDO, FL 32765 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: POLK B. DALRYMPLE

PRES

04/04/2006

Electronic Signature of Signing Officer or Director

Date