DO 1. Entity Name

EII ED 8:00 am State

03-12-2007 90086 013 ***150.00

2007 FOR PROFIT CORPORATIO ANNUAL REPORT	N	Mar 12, 2007
CUMENT # P05000025454		Secretary of S

BROADER IMAGING CONSTRUCTION & DEVELOPMENT. Principal Place of Business Mailing Address 2600 ENDSLEY ROAD 2600 ENDSLEY ROAD BROOKSVILLE, FL 34604 BROOKSVILLE, FL 34604 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1028 Embass 1029 Embassi 02022007 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 34-2037031 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PYLE, EDWARD S Street Address (P.O. Box Number is Not Acceptable) 8513 SUNFLOWER LANE HUDSON, FL 34667 City Spring Hill 34606 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 SIGNATURE Sharety's Apped or printed eldeploge It sits one mega per (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Detete TITLE ☐ Change ☐ Addition PYLE, EDWARD S NAME 25543 DAN BROWN HILL RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34602 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME GAY, ERNEST D NAME Ernest 6m STREET ADDRESS 2800 ENDSLEY RD 029 Empassy AVC STREET ADDRESS BROOKSVILLE, FL 34604 CITY-ST-ZIP CITY-ST-ZIP me ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Спалое ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Detete **א**מול ☐ Change NAME ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Deleta TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing 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 cath; 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 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OF FICER OR DIRECTOR