
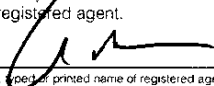
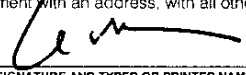


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90037 037 \*\*\*150.00

<b>DOCUMENT # P05000026265</b> 1. Entity Name <b>BRUHN AND MOORE, ATTORNEYS AT LAW, P.A.</b>					
Principal Place of Business <b>718 SW PORT ST. LUCIE BLVD</b> <b>5</b> <b>PORT ST LUCIE, FL 34953</b>			Mailing Address <b>718 SW PORT ST. LUCIE BLVD</b> <b>5</b> <b>PORT ST LUCIE, FL 34953</b>		
2. Principal Place of Business - No P.O. Box # <b>718 SW Port St Lucie Blvd</b> Suite, Apt. #, etc. <b>8</b>		3. Mailing Address <b>718 SW Port St. Lucie Blvd</b> Suite, Apt. #, etc. <b>8</b>			
City & State <b>Port St. Lucie, FL</b> Zip <b>34953</b>		City & State <b>Port St. Lucie, FL</b> Zip <b>34953</b>		4. FEI Number <b>20-2400657</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MOORE, ALBERT B</b> <b>718 SW PORT ST LUCIE BLVD</b> <b>5</b> <b>PORT ST LUCIE, FL 34953</b>			7. Name and Address of New Registered Agent Name <b>Moore, Albert B</b> Street Address (P.O. Box Number is Not Acceptable) <b>718 SW Port St Lucie Blvd</b> <b>Suite 8</b> City <b>Port St. Lucie</b> <b>FL</b> Zip Code <b>34953</b>		
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  <span style="float: right;">4/19/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MOORE, ALBERT B</b> <b>718 PORT ST LUCIE BLVD; SUITE 5</b> <b>PORT ST LUCIE, FL 34953</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Moore, Albert B</b> <b>718 SW Port St. Lucie Blvd, Suite 8</b> <b>Port St. Lucie, FL 34953</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BRUHN, JOHN D</b> <b>718 SW PORT ST LUCIE BLVD; SUITE 5</b> <b>PORT ST LUCIE, FL 34953</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Bruhn, John D.</b> <b>718 SW Port St. Lucie Blvd, Suite 8</b> <b>Port St. Lucie, FL 34953</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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 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.					
SIGNATURE: 			4/19/08 772-878-8730 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					