

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90027 029 \*\*\*158.75

<b>DOCUMENT # P05000074222</b> 1. Entity Name <b>THE BROOK HILL GROUP, INC.</b>					
Principal Place of Business <b>854 LUTZ LAKE FERN RD LUTZ, FL 33548</b>			Mailing Address <b>854 LUTZ LAKE FERN RD LUTZ, FL 33548</b>		
2. Principal Place of Business - No P.O. Box # <b>8300 Shaw Rd.</b>		3. Mailing Address <b>8300 Shaw Rd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Brooksville, FL</b>		City & State <b>Brooksville, FL</b>		4. FEI Number <b>20-2927597</b>	
Zip <b>34602</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD., SUITE 101 TALLAHASSEE, FL 32301-2960</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 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	DPT WELDON, SYLVIA <input type="checkbox"/> Delete 854 LUTZ LAKE FERN RD LUTZ, FL 33548		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Weldon, Sylvia 8300 Shaw Rd. Brooksville, FL 34602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GEORGE, CHERYL <input type="checkbox"/> Delete 2250 MILTON RD SULPHUR, OK 73086		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition George, Cheryl 8300 Shaw Rd. Brooksville, FL 34602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GEORGE, DAVID <input type="checkbox"/> Delete 2250 MILTON RD SULPHUR, OK 73086		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	
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.					
<b>SIGNATURE:</b> <u>Sylvia W. Weldon</u> <b>SYLVIA WELDON</b> <u>2-15-08</u> <u>352-754-1114</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					