2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 23, 2007 8:00 am Secretary of State DOCUMENT # P05000130922 1. Entity Name 04-23-2007 90062 019 ***150.00 **BRK PROPERTIES, INC** Principal Place of Business Mailing Address 6815 DAIRY ROAD **6815 DAIRY ROAD** ZEPHYRHILLS, FL 33542 ZEPHYRHILLS, FL 33542 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State **NOT APPLICABLE** Not Applicable Country Zip Country Zin \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TYNER, DEANA K Street Address (P.O. Box Number is Not Acceptable) 6815 DAIRY ROAD ZEPHYRHILLS, FL 33542 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition TYNER, DEANA NAME STREET ADDRESS STREET ADDRESS **6815 DAIRY ROAD** ZEPHYRHILLS, FL 33542 CITY-ST-7IE CITY-ST-ZIP Chance Addition ☐ Delete TITLE TITLE BAGGETT, ROBERT J NAME NAME STREET ADDRESS STREET ADDRESS 16125 JUANITA-WOOD WY #2305 BOTHELL, WA 98011 CITY - ST - ZIP CiTY-ST-ZiP Delete TITLE ☐ Change ☐ Addition BAGGETT, ROBERT E NAME NAME STREET ADDRESS **6815 DAIRY ROAD** STREET ADDRESS ZEPHYRHILLS, FL 33542 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Chappe Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change BILE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: A

CITY-ST-73P

FILED

4-20-07 352-585-6995