2007 FOR PROFIT CORPORATION

NAME

STREET ADDRESS

City-ST-7IP

Mar 12, 2007 8:00 am Secretary of State ANNUAL REPORT

FILED

DOCUMENT # P06000019877 03-12-2007 90078 035 ***150.00 **BROWARD CASE MANAGEMENT & CONSULTANTS INC** Principal Place of Business Mailing Address 2821 SOMERSET DR 2821 SOMERSET DR A-402 LAUDERDALE LAKES, FL 33311 LAUDERDALE LAKES, FL 33311 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082007 CR2E034 (12/06) City & State City & State 4. FEI Numb Applied For 316 1*6 2*0 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, ELNA J Street Address (P.O. Box Number is Not Acceptable) 2821 SOMERSET DR A-402 LAUDERDALE LAKES, FL 33311 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 eignature required when rainstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete Channe ☐ Addition TOTAL NAME HARRIS, ELNA J NAME 2821 SOMERSET DR A-402 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 CITY-ST-ZIP Deleta Change ☐ Addition TITLE TITLE MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: