2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037421

Entity Name: BROOKS USA, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 114 VALRICO STATION ROAD #4 6213 WATERMARK DRIVE VALRICO, FL 335943659 205 RIVERVIEW, FL 33569 **Current Mailing Address:** New Mailing Address: 114 VALRICO STATION ROAD #4 6213 WATERMARK DRIVE VALRICO, FL 335943659 RIVERVIEW, FL 33569 FEI Number: 04-3700548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: PATEL, ARPIT PATEL, ARPIT 114 VALRICO STATION ROAD #4 6213 WATERMARK DRIVE VALRICO, FL 335943659 US RIVERVIEW, FL 33569 US 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. SIGNATURE: 04/30/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition PATEL, ARPIT PATEL, ARPIT Name: Name: 114 VALRICO STATION ROAD #4 6213 WATERMARK DRIVE # 205 Address: Address: City-St-Zip: VALRICO, FL 335943659 City-St-Zip: RIVERVIEW, FL 33569 VΡ Title: Title: () Delete () Change () Addition Name: PATEL, PARESH Name: 1201 CARLTON ARMS CIRCLE Address: Address: BRADENTON, FL 34208 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition PATEL, MAULI A PATEL, MAULI A Name: Name: 114 VALRICO STATION ROAD #4 6213 WATERMARK DRIVE # 205 Address: Address: City-St-Zip: VALRICO, FL 335943659 City-St-Zip: RIVERVIEW, FL 33569 Title: () Delete Title: () Change () Addition PATEL, MUKUND Name: Name: 2030 CARLTON ARMS CIRCLE Address: Address: City-St-Zip: BRADENTON, FL 34208 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARPIT PATEL P 04/30/2007