

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90031 003 ***150.00

DOCUMENT # P06000077264 1. Entity Name SHELLY BROOKE ENTERPRISES INC.					
Principal Place of Business 2530 VERMONT ST WEST MELBOURNE, FL 32904 US			Mailing Address 2530 VERMONT ST WEST MELBOURNE, FL 32904 US		
2. Principal Place of Business - No P.O. Box # 1531 MORGAN CT Suite, Apt. #, etc. Melbourne FL City & State		3. Mailing Address 1531 MORGAN CT Suite, Apt. #, etc. Melbourne FL City & State			
Zip 32934 Country FLORIDA		Zip 32934 Country FLORIDA		4. FEI Number 75-3217140	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WOODBREY, SHELLY 1391 MORGAN CT. MELBOURNE, FL 32934			7. Name and Address of New Registered Agent Name Shelly Anderson Street Address (P.O. Box Number is Not Acceptable) 1531 MORGAN CT City Melbourne FL Zip Code 32934		
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 <u><i>Shelly Anderson</i></u> <u><i>Shelly Anderson</i></u> <u><i>4/17/08</i></u> <small>(Signature, name, and title of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WOODBREY, SHELLY 1391 MORGAN CT. MELBOURNE, FL 32934 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Shelly Anderson 1531 MORGAN CT. Melbourne FL 32934	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete WOODBREY, SHELLY 1391 MORGAN CT. MELBOURNE, FL 32934		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEAN ANDERSON 1531 MORGAN CT Melbourne FL 32934	
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: <u><i>Shelly Anderson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>4/17/08</i></u> <u><i>321-2535489</i></u> <small>Date Daytime Phone #</small>		

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