2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 8:00 am Secretary of State

DOCUMENT # P06000094987 1. Entity Name BROOKE RUTLAND INC.					90029 005 ***150	0.00
Principal Place of Business	Mailing Address	Mailing Address		40015116		
609 NE 13TH AVENUE APT# 203	609 NE 13TH AVENUE	609 NE 13TH AVENUE APT #203				
FORT LAUDERDALE, FL 33304		FORT LAUDERDALE, FL 33304				1861 II IGBI
Principal Place of Business - No P.O. Box # 3. Mailing Address			<u></u>			
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Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (12/06)	
City & State	City & State	City & State		385	} 	plied For t Applicable
Zip Country	Zip	Country	5. Certificate of	f Status Desired	S8.75 Add	
6. Name and Address of Current I	Registered Agent		7. Name and	Address of New R		u .
RUTLAND, BROOKE 609 NE 13TH AVENUE APT #203			Street Address (P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE, FL 33304						
		City			FL Zip Code	9
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature r	\$5.00 May Be		DATE	
After May 1, 2008 Fee will be \$550.0	Trust Fund Contrit	bution.	Added to Fees			
10. OFFICERS AND		11.	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	
TITLE DT NAME RUTLAND, BROOKE	☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS 609 NE 13TH AVENUE APT #203						
	FORT LAUDERDALE, FL 33304 CITY					
	DS Delete IIITLE NAM				☐ Change	☐ Addition
CITY-ST-ZIP FORT LAUDERDALE, FL 33304		CITY-SI-ZIP				
NAME	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS		STREET ADDRESS				
CITY-SI-ZIP		CITY-ST-ZIP				[iii] Addivi-
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP	[7-	CITY-SI-ZIP			□ a	Addition-
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	□ Addition
STREET ADDRESS		STREET ADDRESS				
12. I hereby certify that the information supplied with	this filling does not qualify for	the exemptions cont	tained in Chanter 119	Florida Statutes 1	further certify that the in	nformation

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 likerimpowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

128/08

Daytime Phone #