

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

06-20-2007 90001 024 \*\*\*150.00

P06000103328

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 13 PM 4: 14

<b>DOCUMENT # P06000103328</b> 1. Entity Name <b>BROTHER.ALL.ABOUT.MONEY.INC</b>			
Principal Place of Business <b>3120 COLLINS AVE SUITE 205 MIAMI BEACH, FL 33140</b>		Mailing Address <b>3120 COLLINS AVE SUITE 205 MIAMI BEACH, FL 33140</b>	
2. Principal Place of Business - No P.O. Box # <b>3120 Collins Ave</b>		3. Mailing Address <b>3120 Collins Ave</b>	
Suite, Apt. #, etc. <b>205</b>		Suite, Apt. #, etc. <b>205</b>	
City & State <b>MIAMI Beach FL</b>		City & State <b>MIAMI Beach FL</b>	
Zip <b>33140</b>		Zip <b>33140</b>	
Country 		Country 	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HARRIS, RODERICK C 3120 COLLINS AVE SUITE 205 MIAMI BEACH, FL 33140</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>R.C. Harris</i></u> <span style="float: right;">05-01-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		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	P HARRIS, RODERICK C 3120 COLLINS AVE MIAMI BEACH SUITE205, FL 33140	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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>R.C. Harris</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		05-01-07 <small>Date Daytime Phone #</small>	