## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P06000154039**

1. Entity Name

BROKER CONSULTANTS OF AMERICA INC



Principal Place of Business

6574 N. STATE RD 7

#241 COCONUT CREEK, FL 33073

FREDRICKSON, DAVID R II 574017 ARBOR CLUB WAY Mailing Address

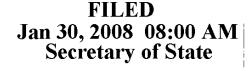
6574 N. STATE RD 7

#241

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COCONUT CREEK, FL 33073





01102008

No Chg-P

CR2E034 (11/05)

| 4. | FEI Number<br>20-8048830 |     | ŀ |
|----|--------------------------|-----|---|
|    |                          | *** | _ |

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For Not Applicable

5. Certificate of Status Desired

DO NOT WRITE

| BOCA RATON, FL 33433   |   |  | IN THIS SPACE |                                |   |  |  |  |
|--|---|--|---------------|--------------------------------|---|--|--|--|
| 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  |   |  |               |                                |   |  |  |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00   | Election Campaign Financ<br>Trust Fund Contribution. | ing           | \$5.00 May Be<br>Added to Fees |   |  |  |  |
| 10.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | OFFICERS AND DIRECT<br>VP<br>FREDRICKSON, DAVID R II<br>574017 ARBOR CLUB WAY<br>BOCA RATON, FL 33433 | TORS   |               |                                |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | S TR<br>FREDRICKSON, DAVID R II<br>574017 ARBOR CLUB WAY<br>BOCA RATON, FL 33433                      |  |               |                                | U00000805052<br>02/05/08-80094-006-150.00 |  |  |  |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |               |                                | NOT WRITE                                 |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |               | IN '                           | THIS SPACE                                |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |               |                                |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY ST-ZIP  | serbly that the information supplied with this fill   |  |               |                                |   |  |  |  |

12. I hereby certify that the information supplied with this filling 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 eath; 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 attackment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-73-08

551-674-1979