2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000017170

Entity Name: BRECKENRIDGE PROFESSIONAL BROKERS, INC

FILED Apr 20, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1536 KINC SUITE 116	SSLEY AVE				
	PARK, FL 32073	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE 116					
ORANGE	PARK, FL 32073	US			
FEI Number	: 20-8404545 F	El Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Curr	ent Registered Agent:	Name and Address	of New Registered Agent:	
SUITE 116	SLEY AVE	US			
	e named entity sub e of Florida.	mits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
		Signature of Registered Age	ent	 Date	
Election Ca	mpaign Financing Tru	ust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/D () Del PIPES, WILLIAM B 1536 KINGSLEY AV ORANGE PARK, FL	E. SUITE 116	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () Del PIPES, HELLEN J 1536 KINGSLEY AV ORANGE PARK, FL	E. SUITE 116	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ame: PALMER, MELISSA H ddress: 426 HOLIDAY RD.		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address:	D () Del PIPES, N BRECKEN 112 LOGSTON CT		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: WILLIAM B. PIPES P/D 04/20/2008

LOUISVILLE, KY 40243 US

City-St-Zip: