2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P07000017170

Entity Name: BRECKENRIDGE PROFESSIONAL BROKERS, INC

Current Principal Place of Business:

1536 KINGSLEY AVE
SUITE 116
ORANGE PARK, FL 32073 US

New Principal Place of Business:

3000 HARTLEY ROAD
SUITE 6
JACKSONVILLE, FL 32257 US

Current Mailing Address:

1536 KINGSLEY AVE
SUITE 116
ORANGE PARK, FL 32073 US

New Mailing Address:

5000-18 HIGHWAY 17
238
FLEMING ISLAND, FL 32003 US

FEI Number: 20-8404545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIPES, WILLIAM B
1536 KINGSLEY AVE
SUITE 116
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

PIPES, WILLIAM B
3000 HARTLEY ROAD
SUITE 6
JACKSONVILLE, FL 32257 US

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.

SIGNATURE: _____ 04/29/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: PIPES, WILLIAM B
Address: 1536 KINGSLEY AVE. SUITE 116
City-St-Zip: ORANGE PARK, FL 32073 US

Title: STD ( ) Delete
Name: PIPES, HELLEN J
Address: 1536 KINGSLEY AVE. SUITE 116
City-St-Zip: ORANGE PARK, FL 32073 US

Title: D ( ) Delete
Name: PALMER, MELISSA H
Address: 426 HOLIDAY RD.
City-St-Zip: LEXINGTON, KY 40502 US

Title: D ( ) Delete
Name: PIPES, N BRECKENRIDGE -
Address: 112 LOGSTON CT
City-St-Zip: LOUISVILLE, KY 40243 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: PIPES, WILLIAM B
Address: 5000-18 HIGHWAY 17 #238
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: STD (X) Change ( ) Addition
Name: PIPES, HELLEN J
Address: 5000-18 HIGHWAY 17 #238
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WILLIAM B. PIPES P/D 04/29/2009
Electronic Signature of Signing Officer or Director — Date