

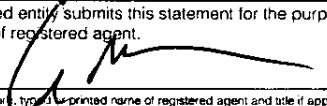
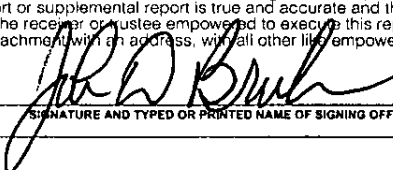


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90040 035 ***150.00

DOCUMENT # P07000049297 1. Entity Name JOHN BRUHN FINANCIAL GROUP, INC.					
Principal Place of Business 718 SW PORT ST. LUCIE BLVD., SUITE 5 PORT ST. LUCIE, FL 34953			Mailing Address 718 SW PORT ST. LUCIE BLVD., SUITE 5 PORT ST. LUCIE, FL 34953		
2. Principal Place of Business - No P.O. Box # 718 SW Port St. Lucie Blvd Suite, Apt. #, etc. 8		3. Mailing Address 718 SW Port St Lucie Blvd Suite, Apt. #, etc. 8			
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		4. FEI Number 64-0958946	
Zip 34953		Country St. Lucie		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, ALBERT B 718 SW PORT ST. LUCIE BLVD., SUITE 5 PORT ST. LUCIE, FL 34953				7. Name and Address of New Registered Agent Name Moore, Albert B Street Address (P.O. Box Number is Not Acceptable) 718 SW Port St. Lucie Blvd, Suite 8 City Port St. Lucie FL Zip Code 34953	
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  DATE 4-15-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			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			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			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: 			DATE 4-15-08 DAYTIME PHONE # 772-878-8325		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					