

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000117693

FILED
Jan 28, 2008
Secretary of State

Entity Name: THOMAS, ROSE & ASSOCIATES, INC.

Current Principal Place of Business:

6767 N. WICKHAM ROAD
SUITE 400
MELBOURNE, FL 32940

New Principal Place of Business:

3962 WEST EAU GALLIE BLVD.
SUITE A
MELBOURNE, FL 32934

Current Mailing Address:

6767 N. WICKHAM ROAD
SUITE 400
MELBOURNE, FL 32940

New Mailing Address:

3962 WEST EAU GALLIE BLVD.
SUITE A
MELBOURNE, FL 32934

FEI Number: 26-1370276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAUN, MICHAEL
6767 N. WICKHAM ROAD
SUITE 400
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

BRAUN, MICHAEL R PRES
3962 WEST EAU GALLIE BLVD.
SUITE A
MELBOURNE, FL 32934 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: MICHAEL R. BRAUN

01/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: BRAUN, MICHAEL R
Address: 3962 WEST EAU GALLIE BLVD. SUITE A
City-St-Zip: MELBOURNE, FL 32934

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: MICHAEL R. BRAUN

PRES

01/28/2008

Electronic Signature of Signing Officer or Director

Date