


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 25, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P92000012506</b>		
1. Entity Name <b>H&amp;R BROKERAGE, INC.</b>		
Principal Place of Business <b>1900 CONSULATE PLACE APT 603 WEST PALM BEACH, FL 33401</b>	Mailing Address <b>1900 CONSULATE PLACE APT 603 WEST PALM BEACH, FL 33401</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ROTH, SOL J 1900 CONSULATE PLACE WEST PALM BEACH, FL 33401</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROTH, SOL J 1900 CONSULATE PLACE APT 603 WEST PALM BEACH, FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROTH, HARRIET 1900 CONSULATE PLACE APT 603 WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROTH, ROCHELLE 2751 CHESTERTON DROAD SHAKER HEIGHTS, OH	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CREPS, DAVID T. 2608 FOXDEN HUDSON, OH	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>DAVID T. CREPS</b>		Date: <b>4/21/2005</b> Dayside Phone #: <b>216.432.1144</b>



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0377726</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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04/25/05-80149-019 150.00