2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 07, 2008 08:00 AN Secretary of State DOCUMENT # P93000088582 **BRODEUR & COMPANY INC.** Principal Place of Business Mailing Address 721 US HWY 1 721 US HWY 1 **STE 222 STE 222** NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0455102 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRODEUR, RICHARD E DO NOT WRITE 721 US 1 STE 222 NORTH PALM BEACH, FL 33408 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BRODEUR, RICHARD E NAME U00000774368 01/07/08-80011-015 150.00 STREET ADDRESS 721 US HWY ONE SUTIE 222 CITY-ST-ZIP NORTH PALM BEACH, FL 33408 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I nereby 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> RILHARD E. BRIDEVA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED