## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 21, 2006 08:00 AM **Secretary of State** DOCUMENT # P94000011048 BRODERICK REALTY, CORP. Principal Place of Business Mailing Address 5514 PARK BLVD 5514 PARK BLVD PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 02082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3232211 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ENGLANDER, LEONARD S DO NOT WRITE 721 1ST AVE. NORTH SAINT PETERSBURG, FL 33701 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE BRODERICK, TONIA M NAME 5514 PARK BOULEVARD STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 TITLE NAME 100000443063 STREET ADDRESS H3/04/06-80047-008-150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-SI-7P TITLE IN THIS SPACE NAME STREET ADDRESS CSTY-ST-ZIP TITLE NAME

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 a address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ON NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**