2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P94000011048 03-26-2007 90058 049 ***150.00 1. Entity Name BRODERICK REALTY, CORP. Principal Place of Business Mailing Address 5514 PARK BLVD 5514 PARK BLVD PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Strite, Apr. #, etc. Suite, Apt. #. etc. 01152007 Chq-P CR2E034 (12/06) City & State City & State Applied For 4. EEI Number 59-3232211 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENGLANDER, LEONARD S 721 1ST AVE. NORTH Street Address (P.O. Box Number is Not Acceptable) SAINT PETERSBURG, FL 33701 City Zip Code 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, speed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PST TITLE ☐ Delete TITLE ☐ Change Addition BRODERICK, TONIA M NAME NAME 5514 PARK BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 emparered 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 provided.

FILED

Mar 26, 2007 8:00 am