


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 A
Secretary of State

DOCUMENT # P96000050641

1. Entity Name
DEERBROOK, INC.



Principal Place of Business
**4061 BONITA BEACH ROAD SUITE 203
BONITA SPRINGS, FL 34134 US**

Mailing Address
**P O BOX 366127
BONITA SPGS, FL 34136 US**



DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0675316 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARLICK, THOMAS B
5551 RIDGEWOOD DRIVE
SUITE 101
NAPLES, FL 34108**

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHBD RUBINTON, JON M 2002 4TH STREET SOUTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHRH DUCHARME, DUANE 4748 EAST HARTMAN ROAD COLUMBIA CITY, IN 46725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GOODING, JOHN M 4361 LORRAINE AVENUE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP&S WEIR, AIDAN J 6930 SANDALWOOD LANE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/16/08-80068-005 150.00

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 an address, with all other like empowered.

SIGNATURE:  DATE: **01/11/08** DAYTIME PHONE #: **239 498-4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. GOODING / PRESIDENT