2004 FOR PROFIT CORPORATION

SIGNATURE

May 04, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P97000032299 05-04-2004 90128 009 ***150.00 1. Entity Name BROKERS INTERSTATE GROUP, INC. Principal Place of Business Mailing Address **74004077** 2536 COUNTRYSIDE BLVD 2536 COUNTRYSIDE BLVD SIXTH FLOOR SIXTH FLOOR CLEARWATER, FL 33763 CLEARWATER, FL 33763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 04152004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3448264 Not Applicable Zip Country Zip 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 NORTH, HEATHER L Street Address (P.O. Box Number is Not Acceptable) 2536 COUNTRYSIDE BLVD SIXTH FLOOR CLEARWATER, FL 33763 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, 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 After May 1/2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDST Change TITLE Delete TITLE ARY R. BOESCH YORK, CHRISTOPHER NAME NAME 536 COUNTRYSIDE BLUD. GTHFL 2536 COUNTRYSIDE BLVD SIXTH FLOOR STREET ADDRESS STREET ADDRESS 33763 CITY-ST-ZIP CLEARWATER, FL 33763 CITY-ST-2IP CLEARWATER FL ☐ Delete Change TITLE TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 fustee empowered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachme BOESCH APR 2.1. 2004

FILED