



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90045 026 ***150.00

DOCUMENT # P97000076075 1. Entity Name MULTIBROKERS, INC.			
Principal Place of Business 3128 RAVINES RD. MIDDLEBURG, FL 32068		Mailing Address C/O LYNN & GAIL HATCHER 3128 RAVINES ROAD MIDDLEBURG, FL 32068	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <i>o/o Gail Hatcher</i> Suite, Apt. #, etc. <i>3128 Ravines Road</i> City & State <i>Middleburg, FL</i> Zip Country <i>32068</i>	
			
		01192006 Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2920480 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HATCHER, L GAIL PTS 3128 RAVINES RD. MIDDLEBURG, FL 32068		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	<i>L. Gail Hatcher, President</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCHER, LYNDELL LLOYD	NAME	
STREET ADDRESS	3128 RAVINES RD.	STREET ADDRESS	<i>3128 Ravines Rd.</i>
CITY-ST-ZIP	MIDDLEBURG, FL 32068	CITY-ST-ZIP	<i>Middleburg, FL 32068</i>
TITLE	PTS	TITLE	
NAME	HATCHER, L. GAIL	NAME	
STREET ADDRESS	3128 RAVINES RD.	STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>L. Gail Hatcher</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>8 Feb 2006</i> Daytime Phone #: <i>904-791-5256</i>	