2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 08:00 A Secretary of State DOCUMENT # P98000054454 B & B BROKERS, INC. Principal Place of Business Mailing Address 1156 SALT CREEK DRIVE 1156 SALT CREEK DRIVE PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 04262007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3509142 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ESTBERG, WILLIAM DO NOT WRITE 1156 SALT CREEK DR POPNTE VEDRA BEACH, FL. 32082 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 NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ESTBERG, WILLIAM STREET ADDRESS 1156 SALT CREEK DRIVE PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP TITLE ESTBERG, KATHLEEN A NAME STREET ADDRESS 1156 SALT CREEK DRIVE CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082. TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY: ST-ZIP TITLE

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:

NAME

STREET ADDRESS

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

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