2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 22, 2008 08:00 AN Secretary of State DOCUMENT # P98000054454 1. Entity Name 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 01132008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME ESTBERG, WILLIAM STREET ADDRESS 1156 SALT CREEK DRIVE CITY-ST-7/P PONTE VEDRA BEACH, FL 32082 TITLE U00000791448 NAME ESTBERG, KATHLEEN A 01/23/08-80075-012 150.00 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-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _	William T. Es	theng	1/15/201	08 904.285-4540
·	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	7	Date	Daytime Phone #