


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90064 023 ***158.75

DOCUMENT # P98000089626 1. Entity Name BROOKS HOSPITALITY CORPORATION	
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Principal Place of Business 801 N. MAGNOLIA AVENUE #401 ORLANDO, FL 32803	Mailing Address 801 N. MAGNOLIA AVENUE #401 ORLANDO, FL 32803
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03242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3538269	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROOKS, C.E. 801 N MAGNOLIA AVE 401 ORLANDO, FL 32803
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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.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, CHARLES E 801 N. MAGNOLIA AVENUE #401 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BROOKS, CYNTHIA M 801 N. MAGNOLIA AVENUE #401 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MANN, A.L. 801 N MAGNOLIA AVE 401 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHAFFER, ROBERT W 801 N MAGNOLIA AVE 401 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 another like empowered.	
SIGNATURE: <u>C.M. Brooks</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3/27/08</u> <u>(407) 422-4474</u> <small>Date Daytime Phone #</small>