



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2008 08:00 A
Secretary of State

DOCUMENT # V47753 1. Entity Name BROKERS UNLIMITED OF THE SOUTHEAST, INC.	
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Principal Place of Business 1115 SE 163RD ST. HAWTHORNE, FL 32640 US	Mailing Address PO BOX 279 HAWTHORNE, FL 32640 US
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DO NOT WRITE IN THIS SPACE

	
01112008 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0376651	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KRAMER, SCOTT 6650 W INDIANTOWN RD SUITE 200 JUPITER, FL 33458
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DO NOT WRITE 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.

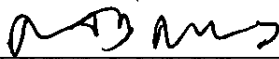
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	D NICHOLS, ROBERT B., JR. 1115 SE 163RD ST. HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICHOLS, JULIA 1115 SE A63RD ST HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000839903 03/06/08-80027-015 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  **800.432.1455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #