

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90326 034 \*\*\*150.00

<b>DOCUMENT # V73518</b> 1. Entity Name <b>TBF BROOKSVILLE, INC.</b>			
Principal Place of Business <b>9617 SPRING LAKE DRIVE CLERMONT, FL 34711 US</b>		Mailing Address <b>ONE YORKDALE ROAD SUITE 310 TORONTO, ON M6A-3-A1 CA</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>One Yorkdale Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 601</b>	
City & State		City & State <b>Toronto, Ontario</b>	
Zip	Country	Zip <b>M6A 3A1</b>	Country <b>Canada</b>
4. FEI Number <b>59-3154308</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PRATT, JAMES R ESQ. GRAHAM, CLARK, JONES, BUILDER, PRATT &amp; MARKS 369 NORTH NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SILVER, SHOEL ONE YORKDALE RD. STE 510 TORONTO, ON m6a 3a1 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>One Yorkdale Road, Suite 601 Toronto, ON Canada M6A 3A1</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LUBIN, LAWRENCE ONE YORKDALE RD. STE 510 TORONTO, ON m6a 3a1 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>One Yorkdale Road, Suite 601 Toronto, ON Canada M6A 3A1</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DEMPSEY, JEAN ONE YORKDALE RD. STE 510 TORONTO, ON M6A-3A1 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>One Yorkdale Road, Suite 601 Toronto, ON Canada M6A 3A1</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SILVER, EILEEN ONE YORK DALE ROAD, SUITE 510 TORONTO, ON M6A-31 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>One Yorkdale Road, Suite 601 Toronto, ON Canada M6A 3A1</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		<b>11.0 APR 2008</b> <span style="float: right;">416 785 6000</span>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

**40083591**



04112008 Chg-P CR2E034 (12/06)