


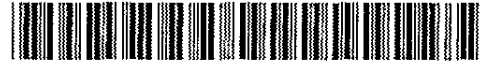
**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 201333</b> 1. Entity Name BREVARD INSURANCE AND MARKETING, INC.	
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Principal Place of Business 3201 N. ATLANTIC AVENUE P.O. BOX 320770 COCOA BEACH, FL 32931	Mailing Address 3201 N. ATLANTIC AVENUE P.O. BOX 320770 COCOA BEACH, FL 32931
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**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0832274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KABBOORD, WILLIAM III  
3201 N ATLANTIC AVE  
COCOA BEACH, FL 32931

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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]* DATE 7/5/07

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

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KABBOORD, HOLLY 3201 N. ATLANTIC AVE. COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KABBOORD, DAVID 3201 N. ATLANTIC AVE. COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KABBOORD, WILLIAM III 3201 N ATLANTIC AVE COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/10/07-80021-003 558.75

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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: *[Signature]* DATE 7/5/07 DAYTIME PHONE # 321 783-2404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR