2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 281875

Entity Name: BREVARD RESTAURANTS THREE, INC.

FILED Apr 14, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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380 MERRITT ISL. CSWY MERRITT ISLAND, FL 32952

Current Mailing Address: New Mailing Address:

P.O. BOX 6544 140 IMPERIAL STREET MERRITT ISLAND, FL 32952

FEI Number: 59-1058825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POE, EDWARD M.

11 E. MAX BREWER PWY.

TITUSVILLE, FL 32796 US

DAVIS, PAULA

140 IMPERIAL STREET

MERRITT ISLAND, FL 32952 US

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.

SIGNATURE: PAULA DAVIS 04/14/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

MERRITT ISLAND, FL 32952

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: PD (X) Change () Addition

Name: DAVIS, PAULETTE, Name: DAVIS, PAULETTE, Address: 140B IMPERIAL ST. Address: 140 IMPERIAL ST.

City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: MERRITT ISLAND, FL 32952

Title: PDS () Delete Title: VD (X) Change () Addition

 Name:
 POE, EDWARD M.,
 Name:
 POE, EDWARD M.,

 Address:
 11 E. MAX BREWER PWY.
 Address:
 11 E. MAX BREWER PWY.

 City-St-Zip:
 TITUSVILLE, FL 32782
 City-St-Zip:
 TITUSVILLE, FL 32782

Title: DAS (X) Delete Title: () Change () Addition

 Name:
 FARLEY, DAN
 Name:

 Address:
 140 IMPERIAL ST
 Address:

Title: SAT () Delete Title: () Change () Addition

 Name:
 CABARON, TERESA
 Name:

 Address:
 140 IMPERIAL ST
 Address:

 City-St-Zip:
 MERRITT ISLAND, FL 32952
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PAULA DAVIS PD 04/14/2005