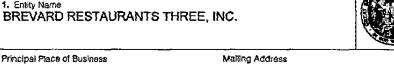
2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #281875

1. Entity Name

380 MERRITT ISL. CSWY MERRITT ISLAND, FL 32952

BREVARD RESTAURANTS THREE, INC.



140 IMPERIAL STREET

MERRITT ISLAND, FL 32952

FILED Apr 03, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03292006 No Chg-P		CR2E034 (11/05)			
4. FEI Number			Applied For		
<u>59-105882</u>	25		Not Applicable		
5. Certificate of S	. Certificate of Status Desired		\$8.75 Additional		

Fee Required

DAVIS, PAULA 140 IMPERIAL STREET	-	DO NOT WRIT
MERRITT ISLAND, FL 32952	 	IN THIS SOAC

			IN THIS SPACE		
	named entity submits this statement for the plans of registered agent.	surpose of changing its registere	ed office or i	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and fills	applicable. TVOTE: Registered	ó Agent signaturi	e required when reinstating)	DITE.
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 	cing 🔲	\$5.00 May Be Added to Fees	
18.	OFFICERS AND DIRECT	TORS	I		1
TITLE NAME STREET ADDRESS CATY-ST-217	PD DAVIS, PAULETTE 140 IMPERIAL ST. MERRITT ISLAND, FL 32952				
TITLE NAME STHEET ADDRESS CITY-ST-ZIP	VD POE, EDWARD M. 11 E. MAX BREWER PWY. TITUSVILLE, FL 32782				ભોદમાયામ્યલસ્થાય જ્યારે કે જે કે જોઈલી માં છે. 150. પછે
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAT CABARON, TERESA 140 IMPERIAL ST MERRITT ISLAND, FL 32952			DO	NOT WRITE
THILE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR