


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90034 008 \*\*\*150.00

<b>DOCUMENT # 434657</b> 1. Entity Name <b>BREVC0 PROPERTIES, INC</b>					
Principal Place of Business <b>5070 NO. HWY. A-1-A</b> <b>200</b> <b>VERO BEACH, FL 32963 US</b>			Mailing Address <b>5070 NO. HWY. A-1-A</b> <b>200</b> <b>VERO BEACH, FL 32963 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3055 Cardinal Drive</b>		3. Mailing Address <b>3055 Cardinal Drive</b>			
Suite, Apt. #, etc. <b>Suite 302</b>		Suite, Apt. #, etc. <b>Suite 302</b>			
City & State <b>Vero Beach, FL</b>		City & State <b>Vero Beach, FL</b>			
Zip <b>32963</b>	Country <b>USA</b>	Zip <b>32963</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent  <b>MCKINNON, CHARLES W</b> <b>5070 NO. HWY. A-1-A</b> <b>200</b> <b>VERO BEACH, FL 32963</b>			7. Name and Address of New Registered Agent Name <b>MCKINNON, CHARLES W</b> Street Address (P.O. Box Number is Not Acceptable) <b>3055 Cardinal Drive</b> <b>Suite 302</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32963</b>		
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: <u><i>Charles W. McKinnon</i></u> DATE: <u>1-16-07</u> <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</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>MCKINNON, CHARLES W</b> <b>5070 NO. HWY. A-1-A, SUITE 200</b> <b>VERO BEACH, FL 32963</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>MCKINNON, CHARLES W</b> <b>3055 Cardinal Drive</b> <b>Vero Beach, FL 32963</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD <b>OFFUTT, HARRY C III CPA</b> <b>3003 CARDINAL DRIVE</b> <b>VERO BEACH, FL 32963</b> <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	
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: <u><i>Charles W. McKinnon</i></u> <b>CHARLES W. MCKINNON, PRESIDENT</b> DATE: <u>1-16-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

60006369



01162007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-1575564**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required