


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90411 014 \*\*\*150.00

<b>DOCUMENT # 474214</b> 1. Entity Name <b>SOUTH BREVARD ACADEMY OF GYMNASTICS, INC.</b>																													
Principal Place of Business <b>1771 AGORA CIRCLE SE PALM BAY, FL 32909 US</b>			Mailing Address <b>PO BOX 100344 PALM BAY, FL 32910 US</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>599 FIRESTONE ST NE</b> Suite, Apt. #, etc.																											
City & State <b>Palm Bay FL</b>		City & State <b>Palm Bay FL</b>		4. FEI Number <b>59-1747235</b>																									
Zip <b>32907</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>CHARSHAFIAN, RICHARD J 893 RALIEGH ROAD SE PALM BAY, FL 32909</b>				7. Name and Address of New Registered Agent Name <b>Richard J. Charshafian</b> Street Address (P.O. Box Number is Not Acceptable) <b>599 FIRESTONE ST NE</b> City <b>Palm Bay</b> <b>FL</b> Zip Code <b>32907</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 <i>Richard J. Charshafian</i> DATE <b>4-20-06</b> <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, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PTD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHARSHAFIAN, RICHARD J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>893 RALEIGH ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BAY, FL 32909</td> <td></td> </tr> </table>			TITLE	PTD	<input type="checkbox"/> Delete	NAME	CHARSHAFIAN, RICHARD J.		STREET ADDRESS	893 RALEIGH ROAD		CITY-ST-ZIP	PALM BAY, FL 32909		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PTD</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Richard Charshafian</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>599 FIRESTONE ST NE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BAY FL 32907</td> <td></td> </tr> </table>			TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Richard Charshafian		STREET ADDRESS	599 FIRESTONE ST NE		CITY-ST-ZIP	PALM BAY FL 32907	
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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: <i>Richard J. Charshafian</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4-20-06</b> <small>Daytime Phone #</small>																									