2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704065

FILED Jan 31, 2007 Secretary of State

Entity Name: BREVARD COUNTY CATTLEMEN'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3695 LAKE DRIVE COCOA, FL 329264251

Current Mailing Address: New Mailing Address:

3695 LAKE DRIVE COCOA, FL 329264251

FEI Number: 59-3131502 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:

WALTER, J 3695 LAKE DR COCOA, FL 32926 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:

- Flateria Circulus I Davidoud Acad

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VP () Delete
 Title:
 P (X) Change () Addition

 Name:
 TUCKER, DREW
 Name:
 CRISAFULLI, BUD

 Address:
 4900 SAWMILL GRADE
 Address:
 5525 COURTNEY PKWY,

 City-St-Zip:
 ROCKLEDGE, FL 32955
 City-St-Zip:
 MERRITT ISLAND, FL 32953

Title: P () Delete Title: VP (X) Change () Addition Name: KEMPFER, HENRY Name: SCHULLER, TOM

 Name:
 KEMPFER, HENRY
 Name:
 SCHULLER, TOI

 Address:
 1 BUMPY RD
 Y
 Address:
 PO BOX 457

City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: SCOTTSMOOR, FL 32775

 Name:
 CRISAFULLI, BUD
 Name:
 ALFORD, TONY

 Address:
 5515 N. COURTENAY PKWY
 Address:
 5772 SARATOGA LANE

 City-St-Zip:
 MERRITT ISLAND, FL 32953
 City-St-Zip:
 COCOA, FL 329262459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BUD CRISAFULLI P 01/31/2007