

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90028 016 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                               |                                                                                                                                             |                                                                                         |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------|
| <b>DOCUMENT # 719355</b><br>1. Entity Name<br><b>THE BREVARD KENNEL CLUB, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                               |                                                                                                                                             |        |                                |
| Principal Place of Business<br><b>3965 RICHY ROAD</b><br><b>MIMS, FL 32754</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                               | Mailing Address<br><b>PO BOX 802</b><br><b>MIMS, FL 32754</b>                                                                               |                                                                                         |                                |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                                                                             |                                                                                         |                                |
| City & State<br><br>Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | City & State<br><br>Zip                       |                                                                                                                                             | Country                                                                                 |                                |
| 4. FEI Number<br><b>59-1941140</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                               |                                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                  |                                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                               |                                                                                                                                             | <b>\$8.75 Additional Fee Required</b>                                                   |                                |
| 6. Name and Address of Current Registered Agent<br><br><b>PAGE, ELIZABETH N.</b><br><b>3965 RICHY ROAD</b><br><b>MIMS, FL 32754</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                               | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                       |                                                                                         |                                |
| 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) |                                                                                         |                                |
| Filing Fee is \$61.25<br>Due by May 1, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                                                         |                                                                                         | \$5.00 May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                       |                                                                                         |                                |
| TITLE<br>VP<br>NAME<br>CRAMPTON, CATHERINE<br>STREET ADDRESS<br>3580 BELLE ARBOR CIRCLE<br>CITY-ST-ZIP<br>TITUSVILLE, FL 32780                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Delete |                                               | TITLE<br>S<br>NAME<br>CAROLYN PAULSON<br>STREET ADDRESS<br>4420 PEPPER TREE ST<br>CITY-ST-ZIP<br>COCOA FL 32926                             | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                |
| TITLE<br>VP<br>NAME<br>CORNEY, EDNA<br>STREET ADDRESS<br>5565 JAMAICA RD<br>CITY-ST-ZIP<br>COCOA, FL 32927                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete            |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |                                |
| TITLE<br>S<br>NAME<br>BRABSON, PAUL<br>STREET ADDRESS<br>4060 L. JEUNE AVE.<br>CITY-ST-ZIP<br>TITUSVILLE, FL 32780                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete            |                                               | TITLE<br>D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>3838 STERLING ST<br>COCOA FL 32926                                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |                                |
| TITLE<br>T<br>NAME<br>PAGE, ELIZABETH N<br>STREET ADDRESS<br>3965 RICHY ROAD<br>CITY-ST-ZIP<br>MIMS, FL 32754                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete            |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |                                |
| TITLE<br>P<br>NAME<br>INGRAM, LINDA<br>STREET ADDRESS<br>2605 GATOR TRAIL<br>CITY-ST-ZIP<br>TITUSVILLE, FL 32780                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete            |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |                                |
| TITLE<br>D<br>NAME<br>THRASHER, MARY<br>STREET ADDRESS<br>4975 CITRUS BLVD.<br>CITY-ST-ZIP<br>COCOA, FL 32926                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete            |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>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 617, 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>Elizabeth N Page</u> <b>ELIZABETH N PAGE</b> 4/26/08 321-269-0555<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                               |                                                                                                                                             |                                                                                         |                                |