2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 28, 2005 8:00 am Secretary of State

DOCUMENT # 729174 1. Entity Name BREVARD MANUFACTURING & TECHNOLOGY ASSOCIATION, INC.					01-28-	-2005 90036 02	4 **** <i>6</i>	51.25
Principal Place of Business 751 NORTH DRIVE MELBOURNE, FL 32934-9289		Mailing Address 751 NORTH DRIVE MELBOURNE, FL 32934-9289				!	5000	8003
2. Principal Place of Business		3. Mailing Address				<u> </u>	BU BIBN BUSI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0120	2005 Chg-NP	CR2E037 ((10/03)	
City & State		City & State		4. FEI 59	Number 3-2210190			plied For t Applicable
Zip	Country	Zip	Country		tificate of Status Des		.75 Add	itional
	6. Name and Address of Current I	Registered Agent		7. Nar	ne and Address of	red New Registered Age	Required	1
			Name					
PETERS, JOHN J 4307 WOODHALL CIRCLE VIERA, FL 32955			Street Add	dress (P.O. Box	Number is Not Acce	eptable)		
VIERA, FL	. 32933							
			City			FL	Zip Code	à
	named entity submits this statement for	the purpose of changing its re	gistered office or r	registered agen	t, or both, in the Stat	e of Florida. I am fam	iliar with,	and accept
the obligat	ions of registered agent.	exection of the	•	4		1 11		
4			*	-· .		10	-	,
SIGNATURE	<u>.</u>							
- 4 N.	Signature, typed or printed name of registered agent a	and title # applicable. (NOTE: R	legistered Agent signature	anies nedw besiupes e	lating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent and the state of	9. Election Camp	egistered Agent signature aign Financing atribution	\$5.00	May Be	Make check p		
- 4 N.	Filing Fee is \$61.25	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 Added t	May Be	Make check p	ent of St	tate, 1
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF	9. Election Camp Trust Fund Cor	aign Financing intribution	\$5.00 Added t	May Be	Make check p Florida Departm OFFICERS AND DIREC	ent of St	tate, 1
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF PCPT PETERS, JEFF	9. Election Camp Trust Fund Cor	aign Financing intribution. ————————————————————————————————————	\$5.00 Added t	May Be	Make check p Florida Departm OFFICERS AND DIREC	ent of St	10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

-20-05

321-721-2353