

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 729174 1. Entity Name BREVARD MANUFACTURING & TECHNOLOGY ASSOCIATION, INC.	
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Principal Place of Business 751 NORTH DRIVE SHARPES, FL 32959	Mailing Address P.O. BOX 158 MELBOURNE, FL 32934-9289
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DO NOT WRITE IN THIS SPACE



02122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2210190	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PETERS, JOHN J
4307 WOODHALL CIRCLE
VIERA, FL 32955

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000707140
04/24/07-80063-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PETERS, JEFF P.O. BOX 158 SHARPES, FL 32959
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DEBUSK, SUSIE P.O. BOX 158 SHARPES, FL 32959
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VONA, MARGARET P.O. BOX 158 SHARPES, FL 32959
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Margaret Vona MARGARET VONA, Treasurer 4/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #