2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#740730

FILED May 14, 2008 Secretary of State

Entity Name: BREVARD COUNTY CHAMBERS OF COMMERCE COUNCIL, INC.

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

1005 E STRAWBRIDGE AVE MELBOURNE, FL 32901 US

Current Mailing Address: New Mailing Address:

1005 E STRAWBRIDGE AVE MELBOURNE, FL 32901 US

FEI Number: 59-1776479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEYER, SHANNON

1005 E STRAWBRIDGE AVE
MELBOURNE, FL 32901 US

GAEDCKE, MARCIA
2000 S WASHINGTON AVE
TITUSVILLE, FL 32780 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: MARCIA GAEDCKE 05/14/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 GAEDCKE, MARCIA
 Name:
 GAEDCKE, MARCIA

 Address:
 2000 S WASHINGTON ST
 Address:
 2000 S WASHINGTON AVE

 City-St-Zip:
 TITUSVILLE, FL 32953
 TITUSVILLE, FL 32780

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BISHOP, KATHLEEN
 Name:
 BISHOP, KATHLEEN

 Address:
 1153 MALABAR RD. STE #18
 Address:
 4100 DIXIE HWY NE

 City-St-Zip:
 PALM BAY, FL
 23905

Title: D () Delete Title: D (X) Change () Addition Name: SCHILLO, KATHY Name: HARRIS, RANDY

Address: 400 FORTENBERRY RD Address: 400 FORTENBERRY RD City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Delete Title: D () Change (X) Addition

Name:Name:MEYER, SHANNONAddress:Address:1005 E STRAWBRIDGE AVECity-St-Zip:City-St-Zip:MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify 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: MARCIA GAEDCKE D 05/14/2008