


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

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| DOCUMENT #742701 |  |
| 1. Entity Name THE ASTRONAUT TRAIL SHELL CLUB OF BREVARD, INC. | |

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| Principal Place of Business 2263 W. N EW HAVEN AVENUE #362 WEST MELBOURNE, FL 32904 US | Mailing Address 2263 W. NEW HAVEN AVENUE #362 WEST MELBOURNE, FL 32904 US |
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DO NOT WRITE IN THIS SPACE

01112006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number 23-7179819 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent UNDERWOOD, DORIS K 898 SHERIDAN WOODS DRIVE WEST MELBOURNE, FL 32904 | DO NOT WRITE IN THIS SPACE |
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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 reconstituting) _____ DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD CORDY, JAMES 385 NEEDLE BLVD MERRITT ISLAND, FL 32952 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD UNDERWOOD, DORIS 898 SHERIDAN WOODS DRIVE WEST MELBOURNE, FL 32904 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD PEGLER, LAURA 185 TREASURE ST, APT 102 MERRITT ISLAND, FL 32953 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD VAN DY, MARTIN 900 SE ALGARDI ST PALM BAY, FL 32909 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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02/18/06-80039-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Doris K Underwood 2-1-06 321-724-244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DORIS K. UNDERWOOD, TREAS.