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

FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90258 013 ****70.00

DOCUMENT #744362

1. Entity Name CENTRAL BREVARD SHARING CENTER, INC



CENTRAL BREVARD SHARING CENTER, INC.								
113 AURORA ST. P.O I		Mailing Address P.O BOX 2176 COCOA, FL 32923-917	9		5000064			
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2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	ng Address		H;		ILSIL BIBLISTI EL LEDI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01082007 Chg-NP CR2E037 (12/06)			
City & State		City & State		4. FEI N 59-	4. FEI Number Applied For 59-1839108 Not Applica		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certi	licate of Status Desired		5 Additional equired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
DRICE EDWARD W			Name	Name				
PRICE, EDWARD W 963 SABLE LANE ROCKLEDGE, FL 32955			Street Address (F		P.O. Box Number is Not Acceptable)			
			City			FL Z	ip Code	
	a named entity submits this statement for	or the purpose of changing its	registered office or	r registered agent,	or both, in the State of	Florida. I am familia	r with, and accept	
i io oongu	aons of registeres agents							
DICALATURE								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signal	ure required when reinstat	ng)	DATE		
SIGNATURE			npaign Financing	\$5.00 Added to	May Be	Make check pay- lorida Departmen	I	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Carr Trust Fund C	npaign Financing contribution.	S5.00 Added to	May Be Fees FI	Make check payorida Department	DRS IN 10	
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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.

PRESIDENT/CEO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Eller

321-631-0306 Daytime Phone #