

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F69063

FILED
Apr 24, 2008
Secretary of State

Entity Name: DATA MANAGEMENT ASSOCIATES OF BREVARD, INC.

Current Principal Place of Business:

3225 JORDAN BLVD.
MALABAR, FL 32950 US

New Principal Place of Business:

Current Mailing Address:

3225 JORDAN BLVD.
MALABAR, FL 32950 US

New Mailing Address:

FEI Number: 59-2157453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOETSCH, PAUL W
831 UNIVERSE STREET NW
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LARSON, D JEROME
Address: 3225 JORDAN BLVD.
City-St-Zip: MALABAR, FL 32950 US

Title: S () Delete
Name: ORR, DEBORAH A.,
Address: 573 IXORA DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

Title: T () Delete
Name: LANZA, SANDRA D.,
Address: 3980 MILLER LANE
City-St-Zip: MALABAR, FL 32950 US

Title: D () Delete
Name: BLACK, DONALD G,
Address: 1196 INDRIO LANE NE
City-St-Zip: PALM BAY, FL 32905 US

Title: D () Delete
Name: BECKETT, TRACY L.,
Address: 732 CLEVELAND ST. #13
City-St-Zip: SEBASTIAN, FL 32958 US

Title: D () Delete
Name: EVERETTE, MICHAEL D.,
Address: 2205 ARNOLD LANE
City-St-Zip: MALABAR, FL 32950 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. JEROME LARSON

PD

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date