2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 06, 2007 08:00 A Secretary of State DOCUMENT # H62751 1. Entity Name BREVARD TRAVEL SERVICE, INC. Principal Place of Business Mailing Address % JOLINE A BROWN % JOLINE A BROWN **511 N COURTENAY PKWY 511 N COURTENAY PKWY** MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 01032007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2546771 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent **BROWN, JOLINE A** DO NOT WRITE 511 N COURTENAY PKWY. MERRITT ISLAND, FL. 32953 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. DATE Sponture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aronature regured when reinstaing) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BROWN, JOLINE A 1570 S TROP TR STREET ADDRESS U00000692481 CTTY-ST-ZIP MERRITT ISLAND, FL 32952 047.16707-80001-021-150.0b NAME STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attach

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP

OFFICER OR DIRECTOR