2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

TITI F

STREET ADDRESS

CITY-ST-ZIP

Secretary of State 01-24-2007 90044 043 ***150.00 **DOCUMENT # J99970** 1. Entity Name LIQUID ASSETS OF BREVARD, INC 60005832 Principal Place of Business Mailing Address 218B N. A1A P.O. BOX 488 SATELLITE BEACH, FL 32937 CAPE CANAVERAL, FL 32920-0488 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) Chg-P 01032007 City & State Applied For City & State 4. FEI Number 59-2855319 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURGETT, STACY L Street Address (P.O. Box Number is Not Acceptable) 3490 N HWY US 1 COCOA, FL 32926 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change Addition PSTD ☐ Defete NAME BURGETT, FREDERICK C JR NAME Burgett, Frederick C., Jr. 425 PIERCE AVE # 210 STREET ADDRESS STREET ADDRESS 425 Pierce Ave., #210 CAPE CANAVERAL, FL 32920 CITY-ST-ZIP CITY-ST-ZIP Cape Canaveral TITLE TITLE Change ☐ Addition X Delete BURGETT, BROOKS B NAME NAME STREET ADDRESS 3820 GREENVILLE ST. STREET ADDRESS CATY-ST-7IP COCOA, FL. 32926 CITY - ST - ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Jan 24, 2007 8:00 am

☐ Addition

☐ Change

12. I hereby certify that the information supplied with this lifting 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 attachment with an address, with all other

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

FREDERICK C. BURGETTJR. 1/10/07 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR