2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # M64745** 04-30-2007 90448 038 ***150.00 1. Entity Name **BREVARD HOLDING COMPANY** Mailing Address Principal Place of Business % WILLIAM H. BENSON 4031 US HWY ONE NE 4031 DIXIE HIGHWAY, N.E. PALM BAY, FL 32905 US PALM BAY, FL 32905 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc 04182007 CR2E034 (12/06) 103 4. FEI Number City & State Applied For 59-2884247 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent H. Bensoc BENSON, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 4031 DIXIE HIGHWAY, N.E. PALM BAY, FL 32905 . . . City UMME 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 arm 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) \$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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 Change □ Delete: TITLE **PSD** TITLE 17. 12. BÉNSON, WILLIAM H. NAME NAME 4031 DIXIE HIGHWAY, NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY, FL CITY-ST-ZIP TITLE Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY+ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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 suppliemental 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 dustee impowered 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 attachneon with a property of the corporation of the corpora SIGNATURE:

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