## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000003374

City-St-Zip:

Entity Name: BREVARD BUSINESS CONNECTION, INC.

FILED May 04, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** C/O EDWARD J. KINBERG, P.A. C/O EDWARD J. KINBERG, P.A. 2101 S WAVERLY PL, STE 200E 1290 WEST EAU GALLIE BLVD MELBOURNE, FL 32901 MELBOURNE, FL 32935 New Mailing Address: **Current Mailing Address:** C/O EDWARD J. KINBERG, P.A C/O EDWARD J. KINBERG, P.A. 2101 S WAVERLY PL, STE 200E 1290 WEST EAU GALLIE BLVD MELBOURNE, FL 32901 MELBOURNE, FL 32935 FEI Number: 35-2171980 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KINBERG, EDWARD J KINBERG, EDWARD J 2101 S WAVERLY PL., STE 200E 1290 WEST EAU GALLIE BLVD MELBOURNE, FL 32901 MELBOURNE, FL 32935 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: EDWARD KINBERG 05/04/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WASSER, RAYMOND E Name: Name: 180 MAPLE DRIVE Address: Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: Title: SD Title: ( ) Delete () Change () Addition COX, SHERRY Name: Name: Address: 1251 S COUNTY ROAD 13 Address: City-St-Zip: ORLANDO, FL 32833 City-St-Zip: Title: () Delete Title: () Change () Addition KRAEMER, STEPHANIE L Name: Name: 1070 S. WICKHAM ROAD Address: Address: City-St-Zip: MELBOURNE, FL City-St-Zip: Title: VD () Delete Title: (X) Change ( ) Addition Name: WORKMAN, RITCH Name: WORKMAN, RITCH 6450 ANDERSON WAY 6450 ANDERSON WAY Address: Address: City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: MELBOURNE, FL 32940 Title: () Delete Title: ( ) Change (X) Addition BLACKBURN, BRENT Name: Name: 1290 WEST EAU GALLIE BLVD Address: Address:

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

City-St-Zip:

MELBOURNE, FL 32935

SIGNATURE: RITCH WORKMAN P 05/04/2007