

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001627

FILED
Jan 17, 2007
Secretary of State

Entity Name: B.R.A.V.O. SUPPORT SERVICES, INC.

Current Principal Place of Business:

11553 PLANTATION PRESERVE
FORT MYERS, FL 33912

New Principal Place of Business:

11553 PLANTATION PRESERVE
FORT MYERS, FL 33966

Current Mailing Address:

11553 PLANTATION PRESERVE
FORT MYERS, FL 33912

New Mailing Address:

11553 PLANTATION PRESERVE
FORT MYERS, FL 33966

FEI Number: 65-1081549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODWARD, TARA
2614 BAYBREEZE ST.
ST. JAMES CITY, FL 33956 US

Name and Address of New Registered Agent:

WOODWARD, TARA
7440 DANA LIN CIRCLE
NORTH FORT MYERS, FL 33917 US

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: TARA WOODWARD

01/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MITCHELL, ASHLEY
Address: 11553 PLANTATION PRESERVE
City-St-Zip: FT. MYERS, FL 33912

Title: TD () Delete
Name: MORGAN, MARISA
Address: 13720 HICKORY RUN LANE
City-St-Zip: FT. MYERS, FL 33912

Title: SD () Delete
Name: WOODWARD, TARA
Address: 2614 BAYBREEZE ST.
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: VD () Delete
Name: HONNILA, ANNETTE
Address: 7599 CAMERON CIRCLE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MITCHELL, ASHLEY
Address: 11553 PLANTATION PRESERVE
City-St-Zip: FT. MYERS, FL 33966

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

Title: SD (X) Change () Addition
Name: WOODWARD, TARA
Address: 7440 DANA LIN CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VD (X) Change () Addition
Name: HONNILA, ANNETTE
Address: 7200 GLADIOLOUS PRESERVE CIRCLE
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ASHLEY MITCHELL

PD

01/17/2007

Electronic Signature of Signing Officer or Director

Date