## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000003491

FILED Apr 25, 2006 Secretary of State

Entity Nai	me: PROJEC	T LIGHT OF BREVARD, INC.					
Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:			
	EMARY DR. RNE, FL 3293(	5	2885 ELECTRONICS DR. STE. D-14 MELBOURNE, FL 32935				
Current M	lailing Addres	ss:	New Mail	New Mailing Address:			
PO BOX 361071 MELBOURNE, FL 329361071			2885 ELECTRONICS DR STE. D-14 MELBOURNE, FL 32935				
FEI Number:	: 59-3727406	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Desired (	)	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
112 WEST	N, TOM D ESC NEW HAVEN RNE, FL 3290°	I AVENUE					
	named entity e of Florida.	submits this statement for the p	ourpose of changing	its registered	office or registered agent, or	both,	
SIGNATUR	RE:						
	Electror	nic Signature of Registered Ag	ent		Date		
OFFICER	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ( SUMMERFORI 1800 BUNCHE MELBOURNE,	STREET	Title: Name: Address: City-St-Zip:	D ( EMERSON, A 602 CASA GR MELBOURNE	ANDE		
Title: Name: Address: City-St-Zip:	D ( EMERSON, AN 602 CASA GRA MELBOURNE,	NDE DRIVE	Title: Name: Address: City-St-Zip:	CLINE, BURT	ROOK STREET		
Title: Name: Address: City-St-Zip:	D ( RICHARDSON, 1532 MASTER PALM BAY, FL	S ROAD NW	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D ( CLINE, BURTO 482 WATERBR MELBOURNE,	OOK STREET	Title: Name: Address: City-St-Zip:	D ( COLLINS, MA 608 OXFORD MELBOURNE	AVE.		
Title: Name: Address: City-St-Zip:	D ( MICHALIK, KEI 1384 ROSEMA MELBOURNE,	RY DRIVE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		

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: ANITA EMERSON DIR. 04/25/2006