


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90242 037 ****61.25

DOCUMENT # N03386		
1. Entity Name BREVARD INTERGROUP, INC.		

Principal Place of Business 720 E NEW HAVEN AVE STE 3 MELBOURNE, FL 32901-5474 US	Mailing Address 720 E NEW HAVEN AVENUE STE 3 MELBOURNE, FL 32901 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03102006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2413928	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CROFT, SUSAN 2140 FEAST ROAD WEST MELBOURNE, FL 32904		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 Susan E. Croft SUSAN E. CROFT 3/21/06
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, DON		NAME	Howard, Donald	
STREET ADDRESS	200 S SYKES CREEK #606		STREET ADDRESS	200 S. Sykes Creek #606	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINCH, ROBERT		NAME	Kinch, Robert	
STREET ADDRESS	4176 DAVID DR		STREET ADDRESS	90 E. Crisafulli Road	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASEY, FRANK		NAME	Hume, Robert	
STREET ADDRESS	3490 CHANCELLORVILLE AVE.		STREET ADDRESS	1775 Old Glory Blvd.	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	Melbourne FL 32940	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANSSOUR, CAROL		NAME	Doyle, Penny	
STREET ADDRESS	1610 DARBY LANE		STREET ADDRESS	203 Nottingham Road	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	Melbourne FL 32935	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	M/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANEY, JIM		NAME	Cassis, Shane	
STREET ADDRESS	73 CYNTHIA DR		STREET ADDRESS	580 Banana Blvd.	
CITY-ST-ZIP	COCOA, FL 32922		CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	M/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGHERTY, THOMAS		NAME	Schaffer, Leslie	
STREET ADDRESS	1429 BRONCO DR		STREET ADDRESS	418 Lincoln Avenue	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	Cape Canaveral FL 32920	

12. I hereby 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 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 617, 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 like empowered.

SIGNATURE: Shane R. Cassis SHANE R. CASSIS 3/10/2006 (321) 986-9586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone