2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

03-20-2006 90015 042 ****61.25

DOCUMENT # N0400005356 1. Entity Name CENTRAL BREVARD CERT, INC.						03-20-2006 90015 042 ****61.25				
Principal Place of Business Mailing Address P.O. BOX 236124 P.O. BOX 236124 COCOA, FL 32923 COCOA, FL 32923						1 1 1 1 1 1 1 1 1 1 1	8 5 8 3 88 88			# ## #
2. Principal Place of Business 3. Maili			Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				2072006	Chg-NP	CR2E	(11/05)	
City & State		City & State		4	. FEI Numbe 20-132			<u> </u>	plied For t Applicable	
Zip	Country	Zip	Со	ountry			of Status Desire		\$8.75 Add Fee Require	
	6. Name and Address of Curre	nt Registered Agent		Nome	7	. Name and	Address of Ne	w Registere	d Agent	
FRALEIGH, KEVIN 3410 ATLANTA ST COCOA, FL 32926				Name Street Address (P.O. Box Number is Not Acceptable)						
				City				F	Zip Cod	9
	named entity submits this statement ions of registered agent.	tor the purpose of cha	inging its register	erea office or	registerea	agent, or bot	n, in the State o	r Florida. Ta	m tamiliar with,	and accept
	The second second second second							DATI		
v . € .	'Signature, typed or printed name of registered ago	ent and title if applicable.	(NOTE: Register	red Agent signatu	are required whe	n reinstating)		DATI	Ē	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Ele	ction Campaign l st Fund Contribu	Financing	\$:	5.00 May B	e F	Make che	eck payable to	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date