

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001896

FILED
Mar 16, 2006
Secretary of State

Entity Name: THE SUCCESS PROJECT OF BREVARD INC

Current Principal Place of Business:

60 WESTOVER DR
WEST MELBOURNE, FL 32904

New Principal Place of Business:

674 NORTH WICKHAM ROAD
MELBOURNE, FL 32935 US

Current Mailing Address:

5584 FLINT RD
COCOA, FL 32927

New Mailing Address:

674 NORTH WICKHAM ROAD
MELBOURNE, FL 32935 US

FEI Number: 20-3379713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FALES, HOLLY M
5584 FLINT RD
COCOA, FL 32927 US

Name and Address of New Registered Agent:

FALES, HOLLY M
205 BOSSIEUX STREET
WEST MELBOURNE, FL 32904 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: HOLLY FALES

03/16/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: FALES, HOLLY M
Address: 5584 FLINT RD
City-St-Zip: COCOA, FL 32927

Title: DIR () Delete
Name: FALES, HENRY R
Address: 5584 FLINT
City-St-Zip: COCOA, FL 32927

Title: DIR () Delete
Name: BORST, DAVID
Address: 2137 LADEN RD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: FALES, HOLLY M
Address: 205 BOSSIEUX
City-St-Zip: WEST MELBOURNE, FL 32904

Title: DIR (X) Change () Addition
Name: FALES, HENRY R
Address: 205 BOSSIEUX
City-St-Zip: WEST MELBOURNE, FL 32904

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

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: HOLLY FALES

DIR

03/16/2006

Electronic Signature of Signing Officer or Director

Date