


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90206 042 ****70.00

DOCUMENT # N05000003755 1. Entity Name NORTH BREVARD CERT, INC.	
Principal Place of Business 2635 HUTCHISON PLACE TITUSVILLE, FL 32780	Mailing Address 2635 HUTCHISON PLACE TITUSVILLE, FL 32780

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2. Principal Place of Business <i>SAME AS ABOVE</i>	3. Mailing Address <i>SAME AS ABOVE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01032006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent DIBLASIO, SAM JR 2635 HUTCHISON PLACE TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL	Zip Code

4. FEI Number <i>65-1251900</i>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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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: *Sam Di Blasio Jr* (NOTE: Registered Agent signature required when reinstating) DATE: *April 18, 2006*

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D DIBLASIO, SAM JR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2635 HUTCHISON PLACE			NAME	DIRECTOR JD MEIER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	TITUSVILLE, FL 32780			STREET ADDRESS	2825 ARMADILLO TRAIL		
CITY-ST-ZIP	TITUSVILLE, FL 32780			CITY-ST-ZIP	TITUSVILLE FL 32780		
TITLE	D MONROE, JENNIFER	<input checked="" type="checkbox"/> Delete		TITLE	DIRECTOR MIKE FONTANA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	7655 SOUTH US 1 LOT 23			STREET ADDRESS	611 PLANTATION DRIVE		
CITY-ST-ZIP	TITUSVILLE, FL 32780			CITY-ST-ZIP	TITUSVILLE FL 32780		
TITLE	D LONGO, FRED	<input checked="" type="checkbox"/> Delete		TITLE	DIRECTOR AL LOMBARDO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	860 CYNTHIA DRIVE			STREET ADDRESS	1600 GARDEN STREET APT# 71		
CITY-ST-ZIP	TITUSVILLE, FL 32780			CITY-ST-ZIP	TITUSVILLE FL 32780		
TITLE	D MONROE, RHODA	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	842 TRAILWOOD AVENUE			STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE, FL 32780			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Sam Di Blasio Jr* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: *April 18, 2006* DAYTIME PHONE #: