


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90241 036 ****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

2. Principal Place of Business - No P.O. Box #
2635 HUTCHISON PLACE

3. Mailing Address
2635 HUTCHISON PLACE

Suite, Apt. #, etc.

City & State
TITUSVILLE, FLORIDA

City & State
TITUSVILLE, FLORIDA

Zip
32780

Country
UNITED STATES

Zip
32780

Country
UNITED STATES

400000



04052007 Chg-NP CR2E037 (12/06)

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

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 President/Director* DATE: *April 11, 2007*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DIBLASIO, SAM JR	
STREET ADDRESS	2635 HUTCHISON PLACE	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEIER, JO	
STREET ADDRESS	2825 ARMADILLO TR	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	FONTANA, MIKE	
STREET ADDRESS	611 PLANTATION DR	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOMBARDO, AL	
STREET ADDRESS	1600 GARDEN ST APT 71	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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* DATE: *April 11, 2007* DAYTIME PHONE #: *321-544-7816*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR