


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

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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03122008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-1251900	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DIBLASIO, SAM JR
 2635 HUTCHISON PLACE
 TITUSVILLE, FL 32780

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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 DIBLASIO JR *Sam Di Blasio, Jr* 4-1-08
Signature, typed or printed name of registered agent and trust, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIBLASIO, SAM JR
STREET ADDRESS	2635 HUTCHISON PLACE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	MEIER, JO
STREET ADDRESS	2825 ARMADILLO TR
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	FONTANA, MIKE
STREET ADDRESS	611 PLANTATION DR
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	LOMBARDO, AL
STREET ADDRESS	1600 GAREDEN ST APT 71
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 DIBLASIO JR *Sam Di Blasio, Jr* 4/1/08 321-861-8824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #