2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007
Secretary of State

DOCUMENT# N05000009321

Entity Name: BREVARD THEATRICAL ENSEMBLE, INC.

Current Principal Place of Business:

950 PINE CREEK CIRCLE NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

950 PINE CREEK CIRCLE NE
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 20-3487198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYAN, GAIL B
950 PINE CREEK CIRCLE NE
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: RAYN, GAIL
Address: 950 PINE CREEK CIRCLE NE
City-St-Zip: PALM BAY, FL 32905

Title: DV ( ) Delete
Name: MCCLURE, JAY
Address: 316 EMERSON DR NW
City-St-Zip: PALM BAY, FL 32907

Title: DS ( ) Delete
Name: WALLS, HONEY S
Address: 2240 SUMMER BROOK ST.
City-St-Zip: MELBOURNE, FL 32940

Title: DT ( ) Delete
Name: HARVELL, SARA L
Address: PO BOX 510413
City-St-Zip: MELBOURNE, FL 32951

Title: D ( ) Delete
Name: GAUL, STEVE
Address: 970 SABAL RD
City-St-Zip: MELBOURNE VILLAGE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: RYAN, GAIL
Address: 950 PINE CREEK CIRCLE NE
City-St-Zip: PALM BAY, FL 32905

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

Title: DS (X) Change ( ) Addition
Name: WALLS, HONEY S
Address: 2240 SUMMERBROOK ST.
City-St-Zip: MELBOURNE, FL 32940

Title: DT (X) Change ( ) Addition
Name: HARVELL, SARA L
Address: PO BOX 510413
City-St-Zip: MELBOURNE BEACH, FL 32951

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: SARA L HARVELL DT 01/31/2007

Electronic Signature of Signing Officer or Director — Date