2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31807

FILED Apr 02, 2007 Secretary of State

Entity Name: BREVARD CARIBBEAN AMERICAN SPORTS AND CULTURAL ASSOCIATION INCORPORATED

Current Principal Place of Business: New Principal Place of Business: P O BOX 100716 419 BEAUREGARD AVE NE PALM BAY, FL 329100716 US PALM BAY, FL 32907 **Current Mailing Address: New Mailing Address:** P O BOX 100716 PALM BAY, FL 329100716 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERNADETTE, JOSEPH 419 BEAUREGARD AVE. NE PALM BAY, FL 32907 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCCALLA, LAWRENCE Name: Name: 927 MARIPOSA DR NE Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: Title: VPD Title: VPD (X) Change () Addition () Delete DINHAM, ROY Name: FOSTER, DAVE Name: Address: 1522 BREESE ST. NE Address: 684 ELMONT STREET NW City-St-Zip: PALM BAY, FL 32905 City-St-Zip: PALM BAY, FL 32907 Title: () Delete Title: SD (X) Change () Addition BERNADETTE, JOSEPH JOSEPH, BERNADETTE Name: Name: 419 BEAUREGARD AVE. NE 419 BEAUREGARD AVE. NE Address: Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: PALM BAY, FL 32907 Title: TD () Delete Title: D (X) Change () Addition AUSTIN, ELLA AUSTIN, ELLA Name: Name: 1599 OAKFIELD AVENUE SOUTHEAST 1599 OAKFIELD AVENUE SOUTHEAST Address: Address: City-St-Zip: PALM BAY, FL 32909 City-St-Zip: PALM BAY, FL 32909 Title: CCD () Delete Title: CCD (X) Change () Addition MORRIS, COURTNEY JACKMAN, ROLSTON Name: Name: 990 EMERALD ROAD SOUTHEAST 847 HARTLEY AVE SW Address: Address: City-St-Zip: PALM BAY, FL 32909 City-St-Zip: PALM BAY, FL 32908 Title: () Delete Title: () Change () Addition SAVAGE, WAYNE Name: Name: Address: 567 DAVIDSON ST. SE Address: PALM BAY, FL 32909 City-St-Zip: 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: BERNADETTE JOSEPH SD 04/02/2007