2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37222

Apr 01, 2005 Secretary of State

Entity Name: BREVARD GUARDIANSHIP SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

380 N WICKHAM RD

MELBOURNE, FL 32935 US

Current Mailing Address: New Mailing Address:

380 N WICKHAM RD 380 N WICKHAM RD SUITE I (ALPHA) MELBOURNE, FL 32935 US MELBOURNE, FL 32935

FEI Number: 59-3029451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMPSON, LYNNE R THOMPSON, LYNNE R 529 E. NEW HAVEN AVENUE 304 SO. HARBOR CITY BLVD., SUITE 200

MELBOURNE, FL 32901 MELBOURNE, FL 32901

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: 04/01/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

WHITLEY, BARBARA WHITLEY, BARBARA Name: Name:

380 NO. WICKHAM ROAD Address: 380 NO. WICKHAM ROAD SUITE I (ALPHA) Address:

City-St-Zip: MELBOURNE, FL 32935 US City-St-Zip: MELBOURNE, FL 32935 US

Title: VD () Delete Title: (X) Change () Addition

THOMPSON, LYNNE R Name: THOMPSON, LYNNE R Name:

Address: 529 E. NEW HAVEN AVENUE Address: 304 SO, HARBOR CITY BLVD, SUITE 200

City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: MELBOURNE, FL 32901

Title: () Delete Title: () Change () Addition

WHITTAKER, KENNETH A Name: Name: 1692 W. HIBISCUS BLVD. Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARBARA WHITLEY PD 04/01/2005

Electronic Signature of Signing Officer or Director

Date