


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N92000000087 1. Entry Name BREVARD TIRE DEALERS ASSOCIATION, INC.	
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Principal Place of Business 730 WASHBURN ROAD MELBOURNE, FL 32934 US	Mailing Address 4246 TURTLEMOUND ROAD MELBOURNE, FL 32934
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02102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3175776	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WHITTINGTON, MIKE 730 WASHBURN ROAD MELBOURNE, FL 32934

DO NOT WRITE IN THIS SPACE

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 *Mike Whittington*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMISEK, RICK 1004 S WASHINGTON AVE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WHITTINGTON, MIKE 730 WASHBURN ROAD MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SPOTTS, FRANK 805 FLORIDA AVE COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREEN, MIKE 9318 E COLONIAL DRIVE SUITE A101 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEREDA, DAN 1609 NORTH COCOA BLVD COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000128027 04/26/04-80021-018 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Mike Whittington* **4-21-04** **3212425956**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #