

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90209 011 \*\*\*\*61.25

<b>DOCUMENT # N92000000087</b>					
<b>1. Entity Name</b> BREVARD TIRE DEALERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 730 WASHBURN ROAD MELBOURNE, FL 32934 US			<b>Mailing Address</b> 4246 TURTLEMOUND ROAD MELBOURNE, FL 32934		
<b>2. Principal Place of Business</b> 3133 Sarno Road		<b>3. Mailing Address</b>		04132006    Chg-NP    CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 59-3175776	
<b>City &amp; State</b> Melbourne FL		<b>City &amp; State</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>Zip</b> 32934		<b>Country</b> Brevard		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WHITTINGTON, MIKE 730 WASHBURN ROAD MELBOURNE, FL 32934  Address Change only			<b>7. Name and Address of New Registered Agent</b> Name: Same Street Address (P.O. Box Number is Not Acceptable): 3133 Sarno Road  City: Melbourne FL Zip Code: 32934		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> SMISEK, RICK <b>STREET ADDRESS</b> 1004 S WASHINGTON AVE <b>CITY-ST-ZIP</b> TITUSVILLE, FL 32780	<input type="checkbox"/> Delete			
<b>TITLE</b> ST	<b>NAME</b> WHITTINGTON, MIKE <b>STREET ADDRESS</b> 730 WASHBURN ROAD <b>CITY-ST-ZIP</b> MELBOURNE, FL 32934	<input type="checkbox"/> Delete			
<b>TITLE</b> VP	<b>NAME</b> SPOTTS, FRANK <b>STREET ADDRESS</b> 805 FLORIDA AVE <b>CITY-ST-ZIP</b> COCOA, FL 32922	<input type="checkbox"/> Delete			
<b>TITLE</b> D	<b>NAME</b> GREEN, MIKE <b>STREET ADDRESS</b> 9318 E COLONIAL DRIVE SUITE A101 <b>CITY-ST-ZIP</b> ORLANDO, FL	<input type="checkbox"/> Delete			
<b>TITLE</b> D	<b>NAME</b> PEREDA, DAN <b>STREET ADDRESS</b> 1609 NORTH COCOA BLVD <b>CITY-ST-ZIP</b> COCOA, FL 32922	<input type="checkbox"/> Delete			
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete			
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete			
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <i>M Whittington</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-13-06 321-2425958 <small>Date Daytime Phone #</small>	