

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002258

FILED
Apr 16, 2008
Secretary of State

Entity Name: LEAD BREVARD, INC.

Current Principal Place of Business:

430 BREVARD AVE
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 2276
COCOA, FL 329232276 US

New Mailing Address:

P.O BOX 836
COCOA, FL 32923 US

FEI Number: 59-3189067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAKKE, KRISTIN L PRESIDE
C/O LEAD BREVARD
430 BREVARD AVE
COCOA, FL 32922 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: O/D () Delete
Name: CAMPANINI, BINO MR.
Address: 8680 N. ATLANTIC AVENUE
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: O/D () Delete
Name: MOORE, KENDALL MR
Address: 1290 FEDERAL HWY (US 1)
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: O/D () Delete
Name: KENYON, STEVE MR
Address: 1030 S. US 1
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: PRES () Delete
Name: BAKKE, KRISTIN MS.
Address: 430 BREVARD AVE
City-St-Zip: COCOA, FL 32922 US

Title: O/D () Delete
Name: ANDERSON, JAY MR.
Address: 8240 DEVEREUX DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: O/D (X) Change () Addition
Name: BREITFELLER, JASON MR
Address: 1574 SUNGAZER DRIVE
City-St-Zip: VIERA, FL 32940 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KRISTIN L BAKKE

PRES

04/16/2008

Electronic Signature of Signing Officer or Director

Date