2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9500000106

Entity Name: COUNTERATTACK-BREVARD, INC.

FILED Feb 26, 2009 Secretary of State

pal Place of Business:
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427 NORTH PRIMROSE DRIVE ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

427 NORTH PRIMROSE DRIVE ORLANDO, FL 32803

FEI Number: 59-3368659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

GUILMET, THOMAS P EXECDIR 427 N PRÍMROSE DR ORLANDO, FL 32803 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MEADE, JIM PRES. GROVER, KEN PRES. Name: Name:

324 WEST GORE ST. Address: 6990 LAKE ELLENOR Address: City-St-Zip: ORLANDO, FL 32806 US City-St-Zip: ORLANDO, FL 32809 US

Title: VD () Delete Title: (X) Change () Addition Name: GROVER, KEN V PRES. Name: HAYES GALLEGOS, LINDA V PRES. Address: 6990 LAKE ELLENOR DR. Address: 460 EAST NEW ENGLAND AVE City-St-Zip: ORLANDO, FL 32809 US City-St-Zip: WINTER PARK, FL 32289 US

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

WILES, STEVE TREAS. Name: Name: 7306 WOODKNOT CT. Address: Address: City-St-Zip: ORLANDO, FL 32835 US City-St-Zip:

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

Name: GUILMET, THOMAS P EXECDIR Name: 427 NORTH PRIMROSE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32803 US 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: /THOMAS P. GUILMET/ MR. 02/26/2009