

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006253

FILED  
May 01, 2007  
Secretary of State

Entity Name: BREVARD EXPO FAIR, INC.

## Current Principal Place of Business:

500 FRIDAY RD.  
COCOA, FL 32926

## New Principal Place of Business:

2555 N. COURTENAY PKWY.  
UNIT 33  
MERRITT ISLAND, FL 32953

## Current Mailing Address:

500 FRIDAY RD.  
COCOA, FL 32926

## New Mailing Address:

2555 N. COURTENAY PKWY.  
UNIT 33  
MERRITT ISLAND, FL 32953

FEI Number: 59-3535090      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

MALONE, GILES A  
500 FRIDAY RD.  
COCOA, FL 32926      US

## Name and Address of New Registered Agent:

MALONE, GILES A  
2555 N. COURTENAY PKWY.  
UNIT 33  
MERRITT ISLAND, FL 32953      US

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: GILES A MALONE

05/01/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TP      ( ) Delete  
Name: MALONE, GILES  
Address: 2330 SYKES CREEK DR.  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TVP      ( ) Delete  
Name: STOTTLER, RICHARD H  
Address: 1102 S. BREVARD AVE.  
City-St-Zip: COCOA, FL 32931

Title: TST      ( ) Delete  
Name: DEEVERS, JUDY  
Address: 8809 LIVE OAK CT.  
City-St-Zip: CAPE CANAVERAL, FL 32920

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TP      (X) Change ( ) Addition  
Name: MALONE, GILES A  
Address: 2230 SYKES CREEK DR.  
City-St-Zip: MERRITT ISLAND, FL 32953

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: GILES A MALONE

TP

05/01/2007

Electronic Signature of Signing Officer or Director

Date