2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 8:00 am Secretary of State

| DOCUMENT # N9900000594 1. Entity Name BREVARD INNOVATIVE CHARTER SCHOOLS, INC. | | | | | | | 02-23-2006 90017 048 ****61.50 | | | | | | |
|--|--|--|---|--|---|--|---|--|-----------------|-------------------------|---------------------------------|------------------------|---|
| | te of Business TRONG DRIVE FL 32780 | 1301 | Mailing Address 1301 ARMSTRONG DRIVE TITUSVILLE, FL 32780 | | | | - - | | | | | | |
| 2. Principal f | Place of Busines | 3. Maili | 3. Mailing Address | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suit | Suite, Apt. #, etc. | | | | 01272006 | Chg-NP | | CR2E0 | 37 (11/05) | |
| City & State | | | City | City & State | | | | 4. FEI Numb 59-357 | er 8466 | | | - | Applied For |
| Zip | Country | | Zip | | Cou | Country | | 5. Certificate | of Status De | esired | | \$8.75 A | dditional |
| | 6. Name a | nd Address of Cur | rent Registered | d Agent | | - : - | | 7. Name and | Address o | f New Re | gistered | Agent | |
| EVANS, J | OHN H | | | ÷ | | Name | | | | • | | | |
| 1702 S. W | /ASHINGTO LE, FL 3278 | | | | | ddress (F | P.O. Box Numb | er is Not Acc | ceptable) |) | | | |
| | | | - | | | City | | | | | FL | Zip Co | de |
| 8. The above the obliga | e named entity s tions of register | submits this stateme red agent. | ent for the purpo | ose of changing its | register | ed office o | r registere | ed agent, or bo | oth, in the Sta | ite of Flor | | familiar with | n, and accept |
| SIGNATURE | Joh | N H. EU | ANS | | | . | 247.5 | | | | | | <u> </u> |
| ĺ | 'Signature, typed or | printed name of registered | agent and title if appl | icable. (NOTE | E: Registere | d Agent signal | ure required | when reinstating) | | | DATE | | |
| | Filing Fee Due by Ma | is \$61.25 | agent and title if appli | 9. Election Can Trust Fund C | npaign F | inancing | <u> </u> | \$5.00 May B Added to Fees | | | ake chec | k payable rtment of | |
| 10. | Filing Fee Due by Ma | is \$61.25 | | 9. Election Can | npaign F | inancing | | \$5.00 May E | | Flori | ake chec da Depa | rtment of | State |
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12. I hereby certify that the information supplied with this filling 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.

SIGNATURE: 40M

SIGNATURE AND TYPED OF PRINTED NAME OF ALGNING OFFICER OR DIRECTOR

2/21/06

321-264-9991

Daytime Phone #