2005 FOR PROFIT CORPORATION

FILED Jan 10, 2005 8:00 am **Secretary of State**

01-10-2005 90019 010 ***150 00

ANNUAL REPORT	
DOCUMENT # P0000063966	T

1. Entity Name CORPORATE INVESTMENT INTERNATIONAL OF BREVARD, INC. Principal Place of Business
46 N. BREVARD AVE 1325 M. Atlantic Mailing Address 50001116 PO BOX 321555 COCOA BEACH, FL 32931 COCOA BEACH, FL 32932-1555 3. Mailing Address SAME 01042005 CR2E034 (10/03) City & State 4. FEI Number Applied For 59-3656276 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILLCHER, HAROLD C 1325 N. Htlunti Street Address (P.O. Box Number is Not Acceptable) 46 N BREVARD AVENUE COCOA BEACH, FL 32931 5+e 52 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delete TITLE Change Change HILLCHER, HAROLD C NAME NAME STREET ADDRESS 46 NORTH BREVARD AVE. STREET ADDRESS COCOA BONCH, FL 32931 CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME READ, RICHARD E NAME 1999 WESTCOLONIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DIGLIO, CRESS S NAME NAME STREET ADDRESS 1999 WESTCOLONIAL DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmer

CITY-ST-ZIP

STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP