2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 13, 2006 8:00 am DOCUMENT # P00000063966 **Secretary of State** 1. Entity Name 02-13-2006 90017 018 ***158.75 CORPORATE INVESTMENT INTERNATIONAL OF BREVARD, INC. Principal Place of Business Mailing Address 1325 N ATLANTIC AVE PO BOX 321555 COCOA BEACH FL-32932-1555 Mailing Address 2. Principal Place of Business 410525 2485 Jen Drive Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For 59-3656276 elbourne Not Applicable Country A \$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 O. Box Number is Not Acceptable) Apple . 8. The above named editive 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 regiigred agent. 01-31-06 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <u>ad</u> TITLE PD TITLE HARold C. Hillcher Suite one ☐ Delete NAME HILLCHER, HAROLD C NAME 1925 N ATLANTIC AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA REACH EL 22021 Addition TITLE Delete TITLE READ, RICHARD E MAME NAMF: 1999 WESTCOLONIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition DIGLIO, CRESS S Delete STREET ADDRESS STREET ADDRESS 1999 WESTCOLONIAL DRIVE CITY-ST-7IP CITY-ST-ZIP ORLANDO FL TATLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607. 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.

FILED