2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117011

HAM, STEVE M

2032 SIERRA ST

MELBOURNE, FL 32935

Name:

Address:

City-St-Zip:

Entity Name: BREVARD SHOPPING NEWS PUBLICATIONS.INC

FILED Apr 13, 2006 Secretary of State

Littly Nai	HE. BREVAR	D SHOPFING NEVVS FUBLIC	ATIONS,INC.				
Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:			
STE H	AU GALLIE BL NE, FL 32935		SUITE B	1020 W. EAU GALLIE BLVD. SUITE B MELBOURNE, FL 32935			
Current M	ailing Addres	ss:	New Mail	New Mailing Address:			
1020 W. EAU GALLIE BLVD. STE H MELBOURNE, FL 32935			SUITE B	1020 W. EAU GALLIE BLVD. SUITE B MELBOURNE, FL 32935			
FEI Number:	57-1136351	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desi	red ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
WELLS, CI 1480 COW MELBOUR		5 US	1020 W. E SUITE B	WELLS, CHARLES E 1020 W. EAU GALLIE BOULEVARD SUITE B MELBOURNE, FL 32935 US			
The above in the State	named entity : of Florida.	submits this statement for the	purpose of changing	its registered o	office or registered agen	t, or both,	
SIGNATUR	RE:			04/13/2006			
	Electror	ic Signature of Registered Ag	ent		Date		
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () WELLS, CHAR 1480 COWART MELBOURNE,	AVE.	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	WELLS, JEFFF 43 ANNETTE D		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	D () GUST, DONALI 430 12TH AVE INDIALANTIC, I	<u>.</u>	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	D () SMITH, WILLIA 2850 PINEAPP MELBOURNE,	LE AVE.	Title: Name: Address: City-St-Zip:	D (X HAM, STEVE N 2032 SIERRA MELBOURNE,	STREET		
Title:	D (X) Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES E. WELLS D 04/13/2006