2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117011

Entity Name: BREVARD SHOPPING NEWS PUBLICATIONS, INC.

FILED Jan 04, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
SUITE B	AU GALLIE BL RNE, FL 3293					
Current Mailing Address:			New Mailing Address:			
1020 W. EAU GALLIE BLVD.						
SUITE B MELBOUF	RNE, FL 3293	5				
FEI Number: 57-1136351 FEI Number Applied For ()		FEI Number Not Applicable ()		Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and Address of New Registered Agent:			
1020 W. E SUITE B	HARLES E AU GALLIE BO RNE, FL 3293					
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered ager	nt, or both,
SIGNATUR	RE:					
	Electron	nic Signature of Registered Ag	ent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			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, JEFFI 43 ANNETTE D		Title: Name: Address: City-St-Zip:	D (X WELLS, JEFF 556 LOVERID MELBOURNE	GE DR.	
Title: Name: Address: City-St-Zip:	D (GUST, DONAL 430 12TH AVI INDIALANTIC,	≣.	Title: Name: Address: City-St-Zip:	D () GUST, DONAL 2701 GULFVII MELBOURNE	EW DRIVE	
Title: Name: Address:	D (HAM, STEVE M 2032 SIERRA		Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: CHARLES E. WELLS/JUSTINE VAN KLEEF D 01/04/2007

MELBOURNE, FL 32935

City-St-Zip: