


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90368 013 \*\*\*150.00

<b>DOCUMENT # P04000111785</b>	
1. Entity Name OSIRIS OF BREVARD, INC.	

Principal Place of Business 380 N.WICKHAM ROAD SUITE C MELBOURNE, FL 32935	Mailing Address 105 SE 2ND STREET SATELLITE BEACH, FL 32937
---	---

2. Principal Place of Business 105 SE 2nd. Street	3. Mailing Address Suite, Apt. #, etc.
--	---

City & State Satellite Beach, FL	City & State
Zip 32937	Country USA

40050764



01312006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1427787 APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
--	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent MULLER, DICK 1127 S.PATRICK DRIVE SUITE #3 SATELLITE BEACH, FL 32937
--

7. Name and Address of New Registered Agent	
Name Brewer, Benjamin C.	
Street Address (P.O. Box Number is Not Acceptable) 105 SE 2nd. Street	
City Satellite Beach	FL 32937

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 	Benjamin C. Brewer - President	DATE 4/14/06
---	-----------------------------------	-----------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREWER, BENJAMIN C 105 SE 2ND STREET SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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.

SIGNATURE: 	4/14/06	321-508-5145
--	---------	--------------

Benjamin C. Brewer - President