


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90204 015 \*\*\*158.75

<b>DOCUMENT # P04000112149</b>		
1. Entity Name <b>BREVARD TECHNOLOGY SOLUTIONS, INC.</b>		

Principal Place of Business <b>60 N GROVE ST MERRITT ISLAND, FL 32953</b>	Mailing Address <b>532 HIDDEN HOLLOW DR MERRITT ISLAND, FL 32852</b>
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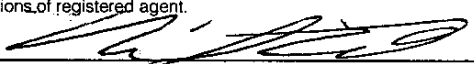
2. Principal Place of Business		3. Mailing Address <b>60 N Grove St,</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Merritt Island, FL</b>	
Zip	Country	Zip <b>32953</b>	Country <b>USA</b>



04232006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1431725</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>HUHTA, NEIL 532 HIDDEN HOLLOW DR MERRITT ISLAND, FL 32952</b>		
7. Name and Address of New Registered Agent Name <b>Edward O Andra</b> Street Address (P.O. Box Number is Not Acceptable) <b>60 N Grove St,</b> City <b>Merritt Island, FL</b> Zip Code <b>32953</b>		

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  **Neil Huhta** DATE **4/24/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HUHTA, NEIL 532 HIDDEN HOLLOW DR MERRITT ISLAND, FL 32952</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Edward O Andra, Director / President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6743 Calais Ave Cocoa, FL 32927</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Keith Steaggs, Director / Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6695 Calusa Ave Cocoa, FL 32927</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Ken Casper, Director / Secretary / VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6712 Cecil Rd Cocoa, FL 32927</b>
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:**  **Neil Huhta** **4/25/06** **321-986-6165**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #