2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112149

Entity Name: BREVARD TECHNOLOGY SOLUTIONS, INC.

FILED May 01, 2007 Secretary of State

Current P	Principal Place of Business:	New Principal Place of Business:	
60 N GRC MERRITT	OVE ST ISLAND, FL 32953		
Current M	WE ST SLAND, FL 32953 ailing Address: WE ST SLAND, FL 32953 20-1431725 FEI Number Applied For () Address of Current Registered Agent: DWARD D WE ST SLAND, FL 32953 US named entity submits this statement for the e of Florida. RE: Electronic Signature of Registered Agent in the entity submits this statement for the e of Florida. RE: Electronic Signature of Registered Agent in the entity submits this statement for the entity submits this	New Mailing Address:	
60 N GRC MERRITT	OVE ST ISLAND, FL 32953		
FEI Number	r: 20-1431725 FEI Number Applied Fo	or () FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	d Address of Current Registered A	gent: Name and Address of New Registered Agent:	
60 N GRC			
	e named entity submits this statement e of Florida.	for the purpose of changing its registered office or registered agent, or both,	
SIGNATU	RE:		
	Electronic Signature of Registe	ered Agent Date	
	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	ANDRE, EDWÁRD O 6743 CALAIS AVE	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	HUHTA, NEIL 532 HIDDEN HOLLOW DR	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	SKAGGS, KÈITH 6695 CALUSA AVE	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	CASPER, KEN	Title: () Change () Addition Name: Address: City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: KEITH SKAGGS DVP 05/01/2007