2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90373 046 ***158.75

321-632-0276

DOCUMENT # P05000022645 1. Entity Name BEST VALUE INNS OF BREVARD INC.					04-03-2006 90373 046 ***158.75			
2610 NORTH COCOA BLVD		Mailing Address 409 CENTER STREET COCOA, FL 32922						
Principal Place of Business 3 Suite, Apt. #, etc.		3. Mailing Address 409 Ce H Suite, Apt. #, etc.	ter ST.	03302006				
City & State		£ity & State	ate		Chg-P	CR2E034 (11/05	Applied For	
Zip	Country	COCO A	Country	4. FELNumb	23172	895	Not Applicable	
ΖΙΡ		Zip F/	33922		of Status Desired	\$8.75 A Fee Requi	dditional red	
6. Name and Address of Current Registered Agent				7. Name and	Address of New R	egistered Agent		
CURVIN, LARRY D 1595 NORTH ATLANTIC AVE			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
UNIT 311 COCOA BEACH, FL 32931						····		
			City			FL Zip Co	ode	
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.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	Registered Agent signature re	equired when reinstating)		DATE		
	E NOW!!! FEE !S \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campai 1.00 Trust Fund Contr		\$5.00 May Be Added to Fees			***************************************	
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS.	CHANGES TO OFFI	ICERS AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURVIN, LARRY D 1595 NORTH ATLANTIC AVE COCOA, FL 32922	☐ Delete #311	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAURETTA, ANTONIO JR 2395 NORTH SYKES CREEK I MERRITT ISLAND, FL 32953	□ Delete DRIVE	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE .X. NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied w on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that no powered to execute this report	ov signature shall have	the same legal effect	t as if made under o	ath: that I am an office	er or director	

SIGNATURE: Say Curin LARRY CURVIN President 3/31/06