

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000060336

FILED
Dec 05, 2006
Secretary of State**Entity Name:** A TOP DRAWER CUSTOM CLOSETS OF BREVARD, INC.**Current Principal Place of Business:**1316 BERRY PATCH PL
#1
MELBOURNE, FL 32935**New Principal Place of Business:**1316 BERRI PATCH PL
#1
MELBOURNE, FL 32935**Current Mailing Address:**1316 BERRY PATCH PL
#1
MELBOURNE, FL 32935**New Mailing Address:**1316 BERRI PATCH PL
#1
MELBOURNE, FL 32935**FEI Number:** 76-0820944**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GHIZ, MOLLIE
301 HERRING STREET
MELBOURNE, FL 32901 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: GHIZ, NICKOLAUS J
Address: 2600 CEVNTY ROAD
City-St-Zip: MELBOURNE, FL 32935**Title:** TSV () Delete
Name: GHIZ, MOLLIE C
Address: 301 HERRING ST
City-St-Zip: MELBOURNE, FL 32901**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: GHIZ, NICKOLAUS J
Address: 2600 COVENTRY ROAD
City-St-Zip: MELBOURNE, FL 32935**Title:** VS (X) Change () Addition
Name: GHIZ, MOLLIE C
Address: 301 HERRING ST
City-St-Zip: MELBOURNE, FL 32901**Title:** T () Change (X) Addition
Name: GHIZ, JACK T
Address: 2600 COVENTRY ROAD
City-St-Zip: MELBOURNE, FL 32935

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.

SIGNATURE: MOLLIE C GHIZ

VS

12/05/2006

Electronic Signature of Signing Officer or Director_____
Date