


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90035 036 \*\*\*150.00

<b>DOCUMENT # P05000082076</b>	
1. Entity Name AK PROPERTIES OF BREVARD, INC.	

Principal Place of Business <del>760 NORTH DRIVE</del> <del>SUITE A</del> MELBOURNE, FL 32934	Mailing Address <del>760 NORTH DRIVE</del> <del>SUITE A</del> MELBOURNE, FL 32934
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2. Principal Place of Business - No P.O. Box # <b>739 NORTH DRIVE</b>	3. Mailing Address <b>739 NORTH DRIVE</b>
Suite, Apt. #, etc. <b>STE F</b>	Suite, Apt. #, etc. <b>STE F</b>
City & State <b>MELBOURNE, FL</b>	City & State <b>MELBOURNE, FL</b>
Zip <b>32934</b>	Country <b>BREVARD</b>

6. Name and Address of Current Registered Agent  RATHBUN, ADAM <del>760 NORTH DRIVE</del> <b>739 NORTH DRIVE</b> <del>SUITE A</del> <b>SUITE F</b> MELBOURNE, FL 32934	
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**40063165**

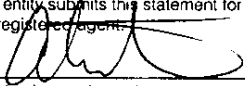


01162008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-2960392</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</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 	DATE <b>4/1/08</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RATHBUN, ADAM 2265 KEYSTONE AVE W MELBOURNE, FL 32904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6021 ORANGE VIEW DRIVE</b> <b>MELBOURNE, FL 32904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARTS, KAREN 210 MAGNOLIA ST SATELLITE BEACH, FL 32937	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: 	<b>KAREN MARTS</b>	DATE <b>4/1/08</b>	DAYTIME PHONE # <b>321-752-1199</b>
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