2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037792

City-St-Zip:

MERRITT ISLAND, FL 32952

Entity Name: BREVARD MASONRY, INC.

FILED Apr 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 605 ALBATROSS STREET MERRITT ISLAND, FL 32952 **Current Mailing Address: New Mailing Address:** 605 ALBATROSS STREET MERRITT ISLAND, FL 32952 FEI Number: 75-3211728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOPES, ANGELO J 605 ALBATROSS STREET US MERRITT ISLAND, FL 32952 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LOPES, ANGELO J Name: Name: 605 ALBATROSS STREET Address: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: ELLIOTT, GREGORY Name: 2510 MARLOWE PLACE Address: Address: COCOA, FL 32926 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SAURER, VALERIE E Name: Name: 291-D CAPE SHORES CIRCLE Address: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: () Delete Title: (X) Change () Addition LOPES, ANGELO J SAURER, VALERIE E Name: Name: Address: 605 ALBATROSS STREET Address: 291-D CAPE SHORES CIRCLE

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.

City-St-Zip:

CAPE CANAVERAL, FL 32920

SIGNATURE: VALERIE SAURER ST 04/20/2007