## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000056390

GLATZ, MADONNA M

1283 UNITED DRIVE

MELBOURNE, FL 32934

Name:

Address:

City-St-Zip:

tity Name: COUNTRY BEGINNINGS OF BREVARD, INC

FILED Apr 08, 2008 Secretary of State

Entity Name: COUNTRY BEGINNINGS OF BREVARD, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
	ABCOCK STR , FL 32909	REET			
Current Mailing Address:			New Mailing Address:		
	ABCOCK STR , FL 32909	REET			
FEI Number:	20-4725872	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:		
CAPLAN, JAMES F 4420 BEACON CIRCLE WEST PALM BEACH, FL FL US				GLATZ, CHRISTOPHER T 7155 BABCOCK ST SE PALM BAY, FL FL US	
The above in the State		submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: CHRISTOPHER T GLATZ				04/08/2008	
Electronic Signature of Registered Age			ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( ) GLATZ, MADOI 1283 UNITED I MELBOURNE,	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () GLATZ, CHRIS 1283 UNITED I MELBOURNE,	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ( ) GLATZ, CHRIS 1283 UNITED I MELBOURNE,	DRIVE	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title:	T ()	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER T GLATZ V 04/08/2008