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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000063985

1. Entity Name
CHRISTIAN BUILDERS OF BREVARD, INC.

Principal Place of Business	Mailing Address
1435 AURORA ROAD SUITE C MELBOURNE, FL 32935	1435 AURORA ROAD SUITE C MELBOURNE, FL 32935

01232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1455 Glencove Ave.	P.O. Box 361804
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Bay FL	City & State: Melbourne FL
Zip: 32907 Country: United States	Zip: 32936 Country: United States

4. FEI Number: 20-4659310 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TUTTERROW, TROY W
1435 AURORA ROAD
SUITE C
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name: Raines, Antwaun
Street Address (P.O. Box Number is Not Acceptable): 1455 Glencove Avenue
City: Palm Bay FL Zip Code: 32907

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] DATE: 01-26-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O TUTTERROW, TROY W 1435 AURORA ROAD #C MELBOURNE, FL 32935 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner Raines, Antwaun 1455 Glencove Avenue Palm Bay, FL 32907 ☒ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 3/1/07 ☐ Change ☐ 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.

1/26/07.

SIGNATURE: [signature] 1/26/07 321-652-8361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #