2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 05, 2008 8:00 am Secretary of State DOCUMENT # P06000155826 1. Entity Name 05-05-2008 90241 002 ***150.00 BREVARD TRADING COMPANY, INC. Principal Place of Business Mailing Address 242 SAND DOLLAR ROAD P.O.BOX 360631 MELBOURNE FL 32936 INDIALANTIC FL 32903 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number 208 Applied For City & State Not Applicable Zip Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DICK MULLER, INC. Street Address (P.O. Box Number is Not Acceptable) 1127 S.PATRICK DRIVE #3 SATELLITE BEACH FL 32937 Zip Cade 8. The above named entity seprints 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, typed or project and or organized and one Jumpication (NOTE Registered Agent equature required when reinstating) DATE FILE NOW!!!-FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition HALL, RICHARD G NAME STREET ADDRESS 242 SAND DOLLAR ROAD STREET ADDRESS CITY-ST-74P INDIALANTIC FL 32903 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Deiele TELL ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiele TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OB FRINTED NAME OF SIGNING OFFI

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 efficier 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.