2008 FOR PROFIT CORPORATION

CITY-ST-ZIP

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Mar 13, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P07000033944** 03-13-2008 90033 020 ***150.00 DETECTION INSPECTION OF BREVARD, INC. Principal Place of Business Mailing Address 2592 PUTNAM DRIVE 2592 PUTNAM DRIVE INDIALANTIC, FL 32903 US INDIALANTIC, FL 32903 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 541 Inverness Ave 03032008 CR2E034 (12/06) Chg-P 541 Inverness Ave City & State 4. FEI Number Applied For Melbourne 30-8604881 Melbourne Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 2940 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SWENINGSON, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 2592 PUTNAM DRIVE INDIALANTIC, FL 32903 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change : ☐ Addition SWENINGSON, JEFFREY NAME NAME 541 INVERNESS AUL. STREET ADDRESS 2592 PUTNAM DRIVE STREET ADDRESS CITY-ST-ZIP INDIALANTIC, FL 32903 CITY-ST-ZIP Melbourne, FL 32940 **VP** ☐ Delete TITLE (Change ☐ Addition SWENINGSON, JACKIE NAME NAME 541 Inverness Ave. 2592 PUTNAM DRIVE STREET ADDRESS STREET ADDRESS INDIALANTIC, FL 32903 CITY-ST-ZIP CITY-ST-ZIP Melbourne, FL 32940 TITLE - Delete Change --- -- Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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Sweningson Jackie Sweningson NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR