2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 01, 2007 08:00 A Secretary of State

1. Entity Name

BRAY, BECK & KOETTER, CPA, P.A.



Principal Place of Business

7351 OFFICE PARK PLACE

SUITE A

MELBOURNE, FL 32940

Mailing Address

7351 OFFICE PARK PLACE

SUITE A

MELBOURNE, FL 32940



01172007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3351552

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECK, EDWARD J 7351 OFFICE PARK PLACE SUITE A MELBOURNE, FL 32940

DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | named entity submits this statement for the purpose of changing its registerions of registered agent. | red office or re | egistered agent, or bol | h, in the State of Florida. I am familiar with, and accept |
|--|--|--------------------|-------------------------|--|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable (NOTE Registered | ed Agent signature | | DATE |
| Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees | | | | |
| 10. | , OFFICERS AND DIRECTORS | | | |
| TITLE | D | | • | |
| NAME | BRAY, RONALD E | | | |
| STREET ADDRESS | 1334 BAYSHORE DRIVE | | | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | | | U00000651895 |
| TITLE | PD | | | 03/09/07-80026-009 150.00 |
| NAME | BECK, EDWARD J | ľ | | • |
| STREET ADDRESS | 2197 ROCKLEDGE DR | | | |
| CITY-ST-ZIP | ROCKLEDGE, FL 32955 | -[| | |
| TITLE | SD | | | |
| NAME | KOETTER, RONALD E | | • | • |
| STREET ADDRESS : | 4309 LANTERN DRIVE TITUSVILLE, FL 32796 | | DO | NOT WRITE |
| | THUSVILLE, FL 32/90 | -[| | |
| 11TLE NAME | • | | IN 1 | THIS SPACE |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | ŀ | | • |
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| NAME | | | | |
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| CITY-ST-ZIP , | ••• | . ` | | |
| TITLE -1 | The state of the s | , | ٠, - | · |
| NAME | | | , | |
| STREET ADDRESS | ** ** | I . | | |
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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.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4110-

321-751-620

Daytime Phone #