


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90029 042 ***150.00

DOCUMENT # P97000044475	
1. Entity Name REAL ESTATE DIRECT BREVARD, INC.	

Principal Place of Business 457 MONTREAL AVENUE MELBOURNE, FL 32935	Mailing Address 457 MONTREAL AVENUE MELBOURNE, FL 32935
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2. Principal Place of Business - No P.O. Box # 1332 Highland Avenue	3. Mailing Address 1332 Highland Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Melbourne FL	City & State Melbourne FL
Zip 32935	Country Brevard
Zip 32935	Country Brevard



04022008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3482107	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHRADER, FRANK D JR. 457 MONTREAL AVENUE MELBOURNE, FL 32935	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1332 Highland Avenue City Melbourne FL FL Zip Code 32935	

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.	Frank D Schrader Jr (NOTE: Registered Agent signature required when reinstating)	4-1-08 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHRADER, FRANK D JR 457 MONTREAL AVENUE MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1332 Highland Avenue Melbourne, FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Frank D Schrader Jr Date	4-1-08 Daytime Phone #	321-254-0888
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