2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000021699

QUICKFALL, ADA

510 ELENOR STREET

MERRITT ISLAND, FL 32953

Name:

Address:

City-St-Zip:

FILED Feb 28, 2008 Secretary of State

Entity Na	me: WARLO	CKS OF BREVARD, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
1109 DIXC COCOA, F				2511 COCC COCOA, F				
Current Mailing Address:				New Mailing Address:				
1109 DIXC COCOA, F				2511 COC COCOA, F				
FEI Number	: 59-3519126	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate	of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
BOUDREA 1109 DIXC COCOA, F		WARD JR. JS						
	e named entity e of Florida.	submits this statement for the	purpose o	f changing i	ts registered o	office or reg	istered agent, or	both,
SIGNATUI	RE:							
	Electro	nic Signature of Registered A્	gent			Da	ate	
Election Ca	mpaign Financir	g Trust Fund Contribution ().						
OFFICER	S AND DIREC	CTORS:		ADDITION	S/CHANGES	TO OFFIC	ERS AND DIRE	CTORS:
Title: Name: Address: City-St-Zip:	D (BOUDREAU, J 1109 DIXON E COCOA, FL 3	LVD.		Title: Name: Address: City-St-Zip:	D (X QUICKFALL, A 2511 COCONU COCOA, FL 3	JT DR	Addition	
Title: Name: Address: City-St-Zip:	FOSTER, ROE 5242 YANPON			Title: Name: Address: City-St-Zip:	D (X STOWE, TERF 2460 N COUR MERRITT ISLA	TENAY PKWY	•	
Title: Name: Address: City-St-Zip:	D (SHAFFER, TR 2511 COCONU COCOA, FL 3	JT DRIVE		Title: Name: Address: City-St-Zip:	D (X HOLLAND, RA 2511 COCONU COCOA, FL 3	JT DRIVE	Addition	
Title:	D ()	() Delete		Title:	() Change()	Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TERRY W STOWE D 02/28/2008