2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # V07916

THE CONNECTION, INC. OF BREVARD



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

603 PLANTATION DR

TITUSVILLE, FL 32780

Mailing Address

603 PLANTATION DR TITUSVILLE, FL 32780



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04172007 No Chg-P CR2E034 (11/05) Applied For 59-3111535 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REAP, BARBARA **603 PLANTATION DR** TITUSVILLE, FL 32780

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er er (1945) eta karija di sin eta e 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE REAP, BARBARA NAME 603 PLANTATION DR STREET ADDRESS TITUSVILLE, FL 32780 CITY-ST-ZIP TITLE NAME 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-S1-7IP

TITLE

NAME

DEFICER OR DIRECTOR