2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 25, 2006 8:00 am **Secretary of State** DOCUMENT # H30688 1. Entity Name 07-25-2006 90026 038 ***558.75 SPACE COAST PROPERTIES, INC. Principal Place of Business Mailing Address 3859 N INDIAN RIVER DR PO BOX 567 SHARPES FL 32959 COCOA FL 32926 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2470352 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNES, KELLY R Street Address (P.O. Box Number is Not Acceptable) 3859 N. İNDIAN RIVER DR COCOA FL 32926 City Zip Code 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PRESIDENT, TREASONDE. GEORETARY Change 2 Delete BARNES, KELLY R. NAME NAME 3859 N. INDIAN RIVERIOR. STREET ADDRESS STREET ADDRESS 3859 N. INDIAN RIVER DR. CUCOH FL 32926 CITY-ST-70P CITY-ST-ZIP COCOA FL 32926 DIRECTUR X Delete TITLE TITLE DS Change ☐ Addition BARNES, JRENE E. NAME BARNES, IRENE E NAME 4550 LAKE MICHIGAN AVE STREET ADDRESS 4850 LAKE MICHIGAN AVE STREET ADDRESS CITY-ST-ZIP CUCOAFL 32926 CITY-ST-ZIP **COCOA FL 32926** TITLE VΡ Delete TITLE DIRECTOR Change Addition BARNES, NILLE E. NAME BARNES, NILE & 4850 LAKE MICHIEAN AVE STREET ADDRESS STREET ADDRESS 4850 LAKE MICHIGAN AVE CUCOA FLBZAZG CITY-ST-ZIP **COCOA FL 32926** CITY-ST-7tP ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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:

SIGNATURE

SIGNATURE

PRESIDENT

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