

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000096591

1. Entity Name
SPACE GROUND SYSTEM SOLUTIONS, INC.



Principal Place of Business
**4343 FORTUNE PLACE
SUITE C
WEST MELBOURNE, FL 32904 US**

Mailing Address
**4343 FORTUNE PLACE
SUITE C
WEST MELBOURNE, FL 32904 US**



02152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3415560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, J. PATRICK
% FRESE HANSEN
930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE, FL 32901**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TORMALA, ROBERT S
STREET ADDRESS	5061 TALLWOOD CIRCLE
CITY-ST-ZIP	WEST MELBOURNE, FL

TITLE	VD
NAME	CACCIAGLIA, DAVID J
STREET ADDRESS	818 STONE AVE.
CITY-ST-ZIP	WALDORF, MD

TITLE	TD
NAME	DAVIS, BRIAN
STREET ADDRESS	510 GLENWOOD AVE
CITY-ST-ZIP	SATELLITE BEACH, FL

TITLE	SD
NAME	FULLER, GARRY W
STREET ADDRESS	6142 SIMMS DR
CITY-ST-ZIP	LA PLATA, MD 20646

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Robert S. Tormala **ROBERT S. TORMALA** 3/4/07 321-956-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #