2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704919

FILED Mar 19, 2010 Secretary of State

Entity Name: MUSEUM OF ARTS AND SCIENCES, INC.

Current Principal Place of Business: New Principal Place of Business:

352 S NOVA RD

DAYTONA BEACH, FL 32114 US

Current Mailing Address: New Mailing Address:

352 S NOVA RD

DAYTONA BEACH, FL 32114 US

FEI Number: 59-1022050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KLANCKE, KIM PALMETTO CHARTER SERVICES, INC 352 S NOVA RD 150 MAGNOLIA AVE

DAYTONA BEACH, FL 32114 US DAYTONA BEACH, FL 32114 US

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.

SIGNATURE: THOMAS HART 03/19/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPT

Name: ZACHARIAS, ALLISON Address: 1945 DEERFOOT RUN City-St-Zip: DELAND, FL 32720 US

Title: PT

Name: COLEMAN, BARBARA
Address: 305 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: TT

Name: LYDECKER, CHRIS
Address: 18 BROADRIVER ROAD
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: AVPT

Name: YOUNG, BARBARA
Address: 91 N ST ANDREWS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: PPT

Name: ALLEN, DEBORAH Address: P.O. BOX 1838

City-St-Zip: ORMOND BEACH, FL 32175 US

Title: AS

Name: KLANCKE, KIM Address: 290 OAK DRIVE

City-St-Zip: ORMOND BEACH, FL 32176 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WAYNE D ATHERHOLT DIR 03/19/2010

Electronic Signature of Signing Officer or Director

Date