2007 FOR PROFIT CORPORATION

ANNUAL REPORT Secretary of State **DOCUMENT #269701** 01-19-2007 90019 016 ***150.00 1. Entity Name SPACE PORT U.S.A., INC. Principal Place of Business Mailing Address 50000411 200 VALANCIA DR. PO BOX 1618 MAITLAND, FL 32794 MAITLAND, FL 32751 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1801 Lee Road P.O. Box 941618 Suite, Apt. #, etc. Suite, Apt. #, etc 01042007 CR2E034 (12/06) Suite 200 City & State 4. FEI Number Applied For Winter Park, FL Maitland, FL 59-1461923 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 32794 6. Name and Address of Current Registered Agent 32789 USA 7. Name and Address of New Registered Agent Name HICKMAN, ANDRE F. Street Address (P.O. Box Number is Not Acceptable) 1801 Lee Road, Suite 200 200 VALENCIA DRIVE MAITLAND, FL 32751 Zip Code 32789 Winter Park 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. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 ŔΝ 🙀 Change THUE Addition TITLE ☐ Delete HICKMAN, ANDRE F. NAME NAME 1801 Lee Road, Suite 200 200 VALENCIA DR STREET ADDRESS STREET ADDRESS Winter Park, FL 32789 CITY-ST-ZIP CITY-ST-ZIP MAITLAND, FL SDT Tr Change ☐ Addition ☐ Delete TITLE TITLE WARD, JOSIANE M NAME NAME 1801 Lee Road, Suite 200 STREET ADDRÉSS 200 VALENCIA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MAITLAND, FL Winter Park, FL 32789 X Change ☐ Addition Delete TITLE TITLE MILLER, HAROLD A MAME 1801 Lee Road, Suite 200 STREET ADDRESS 200 VALENCIA DR. STREET ADORESS CITY-ST-ZIP Winter Park, FL 32789 CITY-ST-ZIP MAITLAND, FL Addition ☐ Change Delete THIE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truebe 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:

FILED Jan 19, 2007 8:00 am