2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2007 08:00 A Secretary of State **DOCUMENT # 578493** 1. Entity Name SPACE AGE ELECTRONICS, INC. Principal Place of Business Mailing Address 108 SW 15 ST 108 SW 15 ST POMPANO BCH, FL 33060 US POMPANO BCH, FL 33060 No Chg-P CR2E034 (11/05) 03082007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1835460 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARK, DAVID E DO NOT WRITE 108 SW 15 ST POMPANO BCH, FL 33060 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 - Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000702166 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME PARK, DAVID 1950 N.E. 55TH CT. STREET ADDRESS FT. LAUDERDALE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 open an attachment with an address, with all other like empowered.

SIGNATURE TYPED OR PRINTED NAME OF SIGN

NAMÉ STREET ADDRESS CITY-ST-ZIP

FILED