2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714971

FILED Feb 12, 2006 Secretary of State

Entity Name: KENNEDY SPACE CENTER SKIN AND SCUBA DIVING CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: P. O. BOX 21023 KENNEDY SPACE CENTER, FL 32815 **Current Mailing Address: New Mailing Address:** P. O. BOX 21023 KENNEDY SPACE CENTER, FL 32815 FEI Number: 59-3486942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LITTLE, WILLIAM 6410 ABISCO RD PORT ST. JOHN, FL 32927 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SHAFFER, LEONARD Name: Name: 1220 ST GEORGE ROAD Address: Address: City-St-Zip: MERRITT ISLAND, FL City-St-Zip: Title: Title: () Delete (X) Change () Addition STASIK, PHIL Name: FARLEY, MAX Name: Address: 3792 SIERRA DRIVE Address: 735 AVOCADO DRIVE City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953 Title: () Delete Title: (X) Change () Addition SHAFFER, BETH SHAFFER, BETH Name: Name: 1220 ST GEORGE ROAD 1220 ST GEORGE ROAD Address: Address: City-St-Zip: MERRITT ISLAND, FL City-St-Zip: MERRITT ISLAND, FL 32952 Title: () Delete Title: (X) Change () Addition Name: LAWLOR, JOHN Name: LAWLOR, JOHN 1275 PLUM AVE Address: 1275 PLUM AVE Address: City-St-Zip: MERRITT ISLAND, FL City-St-Zip: MERRITT ISLAND, FL 32952 Title: () Delete Title: (X) Change () Addition FARLEY, MAX STASIK, PHIL Name: Name: 735 AVOCADO DRIVE 3792 SIERRA DRIVE Address: Address: MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEONARD A SHAFFER TD 02/12/2006