2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# 728688

Entity Name: CANAVERAL TOWERS MANAGEMENT, INC.

Current Principal Place of Business:

7520 RIDGEWOOD AVENUE
CAPE CANAVERAL, FL 329209079

New Principal Place of Business:

Current Mailing Address:

7520 RIDGEWOOD AVENUE
CAPE CANAVERAL, FL 329209079

New Mailing Address:

FEI Number: 59-1462725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHAFFER, CYNTHIA
7520 RIDGEWOOD AVE
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: MATTSON, KEN
Address: 7520 RIDGEWOOD AVE #409
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP ( ) Delete
Name: LANGSTON, JUDITH
Address: 3740 OCEAN BCH BLVD 503
City-St-Zip: COCOA BEACH, FL 32931

Title: SD ( ) Delete
Name: HAGGERDORN, RONALD
Address: 5805 PADGETT CIRCLE
City-St-Zip: ORLANDO, FL 32839

Title: TD ( ) Delete
Name: WALKER, ROBERT
Address: 36210 SPICEBUSH LANE
City-St-Zip: SOLON, OH 44139

Title: VP ( ) Delete
Name: GIBSON, PATRICIA
Address: 7520 RIDGEWOOD AVE 401
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MANN, KEVIN
Address: 7520 RIDGEWOOD AVE 805
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify 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: CYNTHIA SHAFFER CAM 01/28/2009

Electronic Signature of Signing Officer or Director — Date