## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: MARITA F. TROTTER TO WALL F. THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Feb 28, 2005 8:00 am Secretary of State

Signature   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Additional Fee Required   S8.75 Additional Fee Required   See Required   See Required   See Required   See Required   See Required   See Required   Street Address of New Registered Agent   Street Address (P.O. Box Number is Not Accaptable)	1. Entity Nam	MENT # 741214 S OF THE MUSEUM OF SC	IENCE, INC.		2 1	3-2005 90204 048 ****(	51.25	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O2112005 Chg-NP CR2E037 (10/03)  Chy & State  Chy & State  4. FEI Number 59-1802789  Not Applied F. Not Applied 59-1802789  Not Applied 58-75 Additional Free Required 59-1802789  Not Applied 59-1802789  Not Applied 59-1802789  Not Applied 58-75 Additional Free Required 59-1802789  Not Applied 59-1802789  Not Applied 58-75 Additional Free Required 59-1802789  Not Applied 58-75 Additional Free Required 59-1802789  Not Applied 59-1802789  Not App	6808 SW 81	STR WASTER TO THE STREET	6808 SW 81 STR	S	400			
City & State  Country	2. Principal Place of Business 3		3. Mailing Address					
Sp-1802789   Not Applie   Sp-1802789   Sp-	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02112005 Chg-NF	CR2E037 (10/03)		
6. Name and Address of Current Registered Agent  TROTTER, MARITA F 3503 CRYSTAL VIEW CT. MIAMI, FL 33133  City  FEL Zip Code  8. The above named entity submiss this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent and the registered agent and the registered Agent synthesis and the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent and the registered Agent synthesis required agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent and the registered Agent synthesis required agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an activity of Florida. I am familiar wi	City & State		City & State			<del></del>	oplied For ot Applicable	
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. Certificate of Status D			
Size Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City		6. Name and Address of Current F	Registered Agent		7. Name and Address of	of New Registered Agent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE  Signature, highed or period name of registered agent and use if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE  Filling Fee is \$61.25  Due by May 1, 2005  9. Election Campaign Financing Trust Fund Contribution.  ITILE  PD  MAKE check payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  ITILE  PD  MAKE CRUYENT  STREET ADDRESS  19411 SW 308 ST.  19411 SW 308 ST.  HOMESTEAD, FL 33033  19411 SW 308 ST.  FAYE-MARTIN, SUE  SIREET ADDRESS  1011-ST-2P  MAME  MAKE  SIREET ADDRESS  1017-ST-2P  MIAMI, FL 33133  TOTT-ST-2P  TROTTER, MARITA  SIREET ADDRESS  5018 SW 72 AVENUE  CITY-ST-2P  Delete  TITLE  MAME  SIREET ADDRESS  CITY-ST-2P  MIAMI, FL 33155  TITLE  Delete  TITLE  MAME  SIREET ADDRESS  CITY-ST-2P  CHange  AC  Chan	3503 CRYSTAL VIEW CT.				-			
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Trust Fund Contribution. Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    11. ADDITIONS/CHANGES TO OFFICE AND DIRECTORS IN 10    11. ADDITIONS/CHANGES TO OFFICE AND DIRECTORS IN 10    11. ADDITIONS/CHANGES TO OFFICE AND DIRECTORS IN 10    11. AMAE	the obligat	ions of registered agent.	Coste			2/24/05-		
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	CITY-ST-ZIP TITLE NAME STREET ADDRESS	3503 CRYSTAL VIEW CT COCONUT GROVE, FL 33133  V P PAWLEY, CLARE 5018 SW 72 AVENUE	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	-	☐ Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information discated 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 direct	CITY-ST-ZIP TITLE NAME STREEF ADDRESS CITY-ST-ZIP TITLE NAME STREEF ADDRESS	3503 CRYSTAL VIEW CT COCONUT GROVE, FL 33133  V P PAWLEY, CLARE 5018 SW 72 AVENUE		CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS .			Addition Addition	