

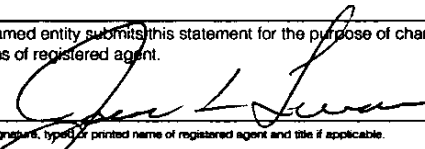
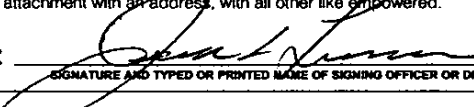


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90239 006 \*\*\*\*61.25

<b>DOCUMENT # 763969</b> 1. Entity Name SPACE COAST STREET RODS, INC.					
Principal Place of Business P.O. BOX 560101 ROCKLEDGE, FL 32956			Mailing Address P.O. BOX 560101 ROCKLEDGE, FL 32956		
2. Principal Place of Business - No P.O. Box # 2610 Fox Run Trail Suite, Apt. #, etc. West Melbourne City & State		3. Mailing Address 2610 Fox Run Trail Suite, Apt. #, etc. W. Melbourne, FL City & State			
Zip 32904 Country USA		Zip 32904 Country USA		04212007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2465196				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  BRUMBACH, PHILLIP A 635 FORD CIRCLE WEST MELBOURNE, FL 32935			7. Name and Address of New Registered Agent  Name Turman, James Street Address (P.O. Box Number is Not Acceptable) 2610 Fox Run Trail City W. Melbourne FL Zip Code 32904		
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  DATE 4-22-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUMBACH, PHILIP A 635 FORD CIR W. MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Turman, James 2610 Fox Run Trail West Melbourne, FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TURMAN, JIM 2610 FOX RUN TRL W. MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Philip Baumbach 635 Ford Circle W. Melbourne, FL 32935	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALDRIDGE, CLYDE 25448 BARTHOLOMEW ST. CHRISTMAS, FL 32709	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURMAN, JULIE 2610 FOX RUN TRL W. MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 trustee empowered to execute this report as required by Chapter 617, 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: 			4-22-07 321-7241-1890 <small>Date Daytime Phone #</small>		