


FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90040 046 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 769450 1. Entry Name SPACE TRACKERS, INC.	
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40022755

Principal Place of Business 1648 WOODLAND DRIVE ROCKLEDGE, FL 32955	Mailing Address 1648 WOODLAND DRIVE ROCKLEDGE, FL 32955
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

01052005 Chg-NP CR2E037 (13/03)

6. Name and Address of Current Registered Agent MCCONNAHA, JAMES D. 1648 WOODLAND DRIVE ROCKLEDGE, FL 32955		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL	Zip Code

4. FEI Number 59-2348012	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

I, the above named entry 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

Filing Fee is \$81.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D MCCONNAHA, JAMES D.	TITLE	
NAME	1648 WOODLAND DRIVE	NAME	
STREET ADDRESS	ROCKLEDGE, FL 32955	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	PD GOWEN, PEG	TITLE	TD JACK HOFFMAN
NAME	4835 WINCHESTER DRIVE	NAME	550 CAPTAINS ROW
STREET ADDRESS	TITUSVILLE, FL 32780	STREET ADDRESS	MERRITT ISLAND, FL 32953
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	SD LITTLE, TERRI	TITLE	
NAME	655 THEODORE DRIVE	NAME	
STREET ADDRESS	MERRITT ISLAND, FL 32952	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James D. McConaha* **JAMES D MCCONNAHA** 1-6-05 636-6841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #