


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90060 020 ****61.25

| | | | | | |
|--|---------------------------------|---|---|---|---|
| DOCUMENT # 769450 | | | |  | |
| 1. Entity Name SPACE TRACKERS, INC. | | | | | |
| Principal Place of Business 1848 WOODLAND DRIVE ROCKLEDGE, FL 32955 | | | Mailing Address 1648 WOODLAND DRIVE ROCKLEDGE, FL 32955 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 04102008 Chg-NP CR2E037 (12/08) | |
| Zip | | Country | | 4. FEI Number 59-2348012 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | 8.75 Additional Fee Required | | |
| 8. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MCCONNAHA, JAMES D. 1848 WOODLAND DRIVE ROCKLEDGE, FL 32955 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL |
| 9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small> DATE _____ | | | | | |
| Filing Fee is \$81.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCONNAHA, JAMES D. | | NAME | | |
| STREET ADDRESS | 1848 WOODLAND DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROCKLEDGE, FL 32955 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOFFMAN, JACK | | NAME | | |
| STREET ADDRESS | 560 CAPTAINS ROW | | STREET ADDRESS | | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32953 | | CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | TD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LITTLE, TERRI | | NAME | Taylor, Dennis | |
| STREET ADDRESS | 666 THEODORE DRIVE | | STREET ADDRESS | 215 Carib Drive | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32952 | | CITY-ST-ZIP | Merritt Island, FL 32952 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: <i>James D. McConaha</i> JAMES D. MCCONNAHA | | | 4-10-08 3:11-1:36-6841 | | |
| <small>Signature and Title on Printed Name of Board Officer or Director</small> | | | <small>Date Daytime Phone #</small> | | |