


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90083 004 ****70.00

DOCUMENT # F00000001776					
1. Entity Name SOCIETY OF PERFORMERS, ARTISTS, ATHLETES, AND CELEBRITIES FOR SPACE EXPLORATION, INC.					
Principal Place of Business 268 LAKE SHORE DRIVE MERRITT ISLAND, FL 32953			Mailing Address 268 LAKE SHORE DRIVE MERRITT ISLAND, FL 32953		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-3424784	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GILFRICHE, AMY M 268 LAKE SHORE DRIVE MERRITT ISLAND, FL 32953			Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code		
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 <i>Amy M. Gilfriche</i> DATE <i>07/28/05</i> <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 September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D MCALLISTER, DONNA 1216 8TH AVENUE BROOKLYN, NY 11215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nesbitt, Eric 1635 Poplar Oaks Cir. #1 Memphis, TN 38120	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALETTIE, ROGER 8317 COLUMBIA FALLS DRIVE ROUND ROCK, TX 78681	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Serrie, Jonn 900 Colony Creek Lawrenceville, GA 30243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAZDA, DAVID 1128 W. PLEASANT VALLEY RD.#124 PARMA, OH 44134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Turner, Robert 4355 S. Carriage Drive Titusville, FL 32796	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD T ALPERT, STEVE 24 WEST 40TH STREET NEW YORK, NY 10018 <i>* Add T</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Knight, John 14611 Killion Street Sherman Oaks, CA 91411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASHBY, SUSIE 1635 POPLAR OAKS CIR.#1 MEMPHIS, TN 38120	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHANLEY, PAUL 1577 WICKINGBIRD LANE OLD HICKORY, TN 37088	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Shanley, Paul 1055 Wildlife Trail Kingston Springs TN 37082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Paul Shanley</i> PAUL SHANLEY PSD DATE <i>07/28/05</i> DAYTIME PHONE # <i>615 294 6222</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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07272005 Chg-NP CR2E037 (10/03)