

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000002556

1. Entity Name
UNITED SPACE ALLIANCE FOUNDATION, INC.



Principal Place of Business
**1150 GEMINI
USH-100E
HOUSTON, TX 77058 US**

Mailing Address
**1150 GEMINI
USH-100E
HOUSTON, TX 77058 US**

DO NOT WRITE IN THIS SPACE

03072006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
76-0668924

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GOOKINS, NORM
1150 GEMINI, MC: USH-300E
HOUSTON, TX 77058**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CAPEL, WILLIAM R
1150 GEMINI, MC: USH-200E
HOUSTON, TX 77058**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GROVES, EILEEN A
1150 GEMINI, MC: USH-102A
HOUSTON, TX 77058**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIEMOZ, DENNIS K
1150 GEMINI, MC: USH-102A
HOUSTON, TX 77058**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REED, DON
1150 GEMINI USH-102A
HOUSTON, TX 77058**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCULLEY, MICHAEL J
1150 GEMINI USH-100A
HOUSTON, TX 77058**

**U00000491484
04/13/06-80024-006 61.25**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

881-280-

March 7, 2007

3741