

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-14-2008 90029 017 \*\*\*\*61.25

<b>DOCUMENT # F01000002556</b>					
<b>1. Entity Name</b> UNITED SPACE ALLIANCE FOUNDATION, INC.					
<b>Principal Place of Business</b> 1150 GEMINI <del>USH-100E</del> HOUSTON, TX 77058    US			<b>Mailing Address</b> 1150 GEMINI <del>USH-100E</del> HOUSTON, TX 77058    US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. USH-102A		Suite, Apt. #, etc. USH-102A			
City & State		City & State		01222008    Chg-NP    CR2E037 (12/06)	
Zip	Country	Zip	Country	<b>4. FEI Number</b> 76-0668924	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> GOOKINS, NORM <b>STREET ADDRESS</b> 1150 GEMINI, MC: USH-300E <b>CITY-ST-ZIP</b> HOUSTON, TX 77058	<input type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Richard Covey <b>STREET ADDRESS</b> 1150 GEMINI, MC: USH-102A <b>CITY-ST-ZIP</b> Houston, TX 77058	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> CAPEL, WILLIAM R <b>STREET ADDRESS</b> 1150 GEMINI, MC: USH-200E <b>CITY-ST-ZIP</b> HOUSTON, TX 77058	<input type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> William Ackavance <b>STREET ADDRESS</b> 1150 GEMINI MC: USH-102A <b>CITY-ST-ZIP</b> Houston, TX 77058	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> GROVES, EILEEN A <b>STREET ADDRESS</b> 1150 GEMINI, MC: USH-102A <b>CITY-ST-ZIP</b> HOUSTON, TX 77058	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DIEMOZ, DENNIS K <b>STREET ADDRESS</b> 1150 GEMINI, MC: USH-102A <b>CITY-ST-ZIP</b> HOUSTON, TX 77058	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> REED, DON <b>STREET ADDRESS</b> 1150 GEMINI USH-102A <b>CITY-ST-ZIP</b> HOUSTON, TX 77058	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MCCULLEY, MICHAEL J <b>STREET ADDRESS</b> 1150 GEMINI USH-100A <b>CITY-ST-ZIP</b> HOUSTON, TX 77058	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Eileen G. Groves</u> 1/24/08					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					