

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F07000005130

1. Entity Name
SPACECRAFT COMPONENTS CORP.



Principal Place of Business
3040 CLAYTON STREET
NORTH LAS VEGAS, NV 89032-3615

Mailing Address
3040 CLAYTON STREET
NORTH LAS VEGAS, NV 89032-3615

FILED
Jul 02, 2008 08:00 AM
Secretary of State



06232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0085113

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, ROGER
10734 NW 53RD ST
SUNRISE, FL 33351-8025

**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: _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP
NAME WISEMAN, EDWARD
STREET ADDRESS 3040 CLAYTON STREET
CITY-ST-ZIP NORTH LAS VEGAS, NV 890323615

TITLE ST
NAME WISEMAN, CRAIG
STREET ADDRESS 3040 CLAYTON STREET
CITY-ST-ZIP NORTH LAS VEGAS, NV 890323615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000953470
07/02/08-80001-006 550.00

**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 607, 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

4/25/08
Date

Daytime Phone #