


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90031 025 ****61.25

DOCUMENT # N00000000706	
1. Entity Name FLORIDA SPACE RESEARCH INSTITUTE, INC.	

Principal Place of Business MAIL STOP:FSRI BLDG. M6-306, ROOM 9030 KENNEDY SPACE CENTER, FL 32899	Mailing Address MAIL STOP:FSRI BLDG. M6-306, ROOM 9030 KENNEDY SPACE CENTER, FL 32899
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01092004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3692513		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DURRANCE, SAMUEL T PHD FLORIDA SPACE RESEARCH INSTITUTE, INC. MAIL STOP:FSRI, BLDG. M6-306, ROOM 9030 KENNEDY SPACE CENTER, FL 32899		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____
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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOYER, JERRY <input checked="" type="checkbox"/> Delete BIONICS CORP. MAIL CODE B10-3 KENNEDY SPACE CENTER, FL 32899	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Krens, Frank</i> <i>Coleman Aerospace, 7675 Municipal Dr.</i> <i>Orlando, FL 32819</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HASKINS, PENNY <input type="checkbox"/> Delete P.O. BOX 459, 13101 RACHAEL BLVD. ALACHUA, FL 326160459	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KETCHAM, DALE <input type="checkbox"/> Delete 390 N ORANGE AVE STE 1300 ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNHART, DEBORAH <input checked="" type="checkbox"/> Delete HONEYWELL SPA. SYS. 13350 US 19 N-MS 202-1 CLEARWATER, FL 34624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Fatig, Michael</i> <i>Honeywell, 13350 US 19 N-MS 202-1</i> <i>Clearwater, FL 34624</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, KEVIN <input checked="" type="checkbox"/> Delete FORIDA/NASA BS INCU./1311 N. HIGHWAY US 1 TITUSVILLE, FL 32796	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Brown, Kevin</i> <i>BAH, 6767 N Wickham Rd.</i> <i>Melbourne, FL 32940</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, SHELLEY <input type="checkbox"/> Delete UNITED SPACE ALLIANCE, 8550 ASTRONAUT BLVD CAPE CANAVERAL, FL 32920	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____