2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# N01000007193

Entity Name: SPACE COAST TRIATHLETES, INC.

Current Principal Place of Business:

POST OFFICE BOX 731
MELBOURNE, FL 32902

New Principal Place of Business:

2498 VILLAGE PARK DR
MELBOURNE, FL 32934

Current Mailing Address:

POST OFFICE BOX 731
MELBOURNE, FL 32902

New Mailing Address:

2498 VILLAGE PARK DR
MELBOURNE, FL 32934

FEI Number: 31-1802795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAXWELL, PAM
2498 VILLAGE PARK DR
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: COLLUIAS, SUZANNE
Address: 2210 RIVERSIDE AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: T ( ) Delete
Name: MAXWELL, PAM
Address: 3706 TEAKWOOD CT
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: MAXWELL, PAM
Address: 2498 VILLAGE PARK DR
City-St-Zip: MELBOURNE, FL 32934

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM MAXWELL T 01/05/2005

Electronic Signature of Signing Officer or Director — Date