

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000602

FILED  
May 04, 2007  
Secretary of State

**Entity Name:** ALLIANCE FOR SCIENCE, HEALTH AND ENVIRONMENT, INC.

**Current Principal Place of Business:**

514 OCEAN AVE  
SUITE 6  
MELBOURNE BEACH, FL 32951

**New Principal Place of Business:**

**Current Mailing Address:**

514 OCEAN AVE  
SUITE 6  
MELBOURNE BEACH, FL 32951

**New Mailing Address:**

PO BOX 510406  
MELBOURNE BEACH, FL 32951

**FEI Number:** 47-0898951      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HERBER, SCOTT A  
211 FLAMINGO LANE  
MELBOURNE BEACH, FL 32951      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: PD      ( ) Delete  
Name: FODOR, LYNETTE T  
Address: 211 FLAMINGO LANE  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DV      ( ) Delete  
Name: PETRIE, CHRIS  
Address: 2380 ST. ANDREWS DR  
City-St-Zip: TITUSVILLE, FL 32780

Title: TD      ( ) Delete  
Name: HERBER, SCOTT A  
Address: 211 FLAMINGO LANE  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: BM      ( ) Delete  
Name: REDDY, STEPHEN Z  
Address: 14395 80TH AVE  
City-St-Zip: SEBASTIAN, FL 32957

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SCOTT A HERBER

T

05/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date