

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 13, 2007
Secretary of State**

DOCUMENT# N03000007055

Entity Name: MILITARY MUSEUM, INC.

Current Principal Place of Business:

3339 HIGHWAY 17N
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

3339 HIGHWAY 17 N
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 51-0478522 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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: NELSON, BERNARD
Address: 3253 CHIMNEY DR.
City-St-Zip: MIDDLEBURG, FL 32068

Title: SDT () Delete
Name: STEIGELMAN, HERBERT M JR
Address: 3253 CHIMNEY DR.
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: HERBERT M. STEIGELMAN

SDT

07/13/2007

Electronic Signature of Signing Officer or Director

_____ Date