2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

DOCUMENT# N03000007579

Entity Name: SCIENCE SPEAKS, INC.

Current Principal Place of Business:

3 ISLAND DRIVE
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

3 ISLAND DRIVE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 32-0090919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPEARMAN, J. CRAIG
3 ISLAND DRIVE
LAKE MARY, FL 32746 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:	SPEARMAN, J. CRAIG	
Address:	3 ISLAND DRIVE	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	VSD	( ) Delete
Name:	SHIELDS, DAVID G	
Address:	1219 PARKLAND CT	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	VTD	( ) Delete
Name:	MCCOY, DAVID	
Address:	1903 BROOKS LANE	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	COFOID, KENT	
Address:	606 LONGMEADOW DRIVE	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	D	( ) Delete
Name:	HOLLAR, BRIAN	
Address:	5041 PARK CENTRAL DRIVE #1934	
City-St-Zip:	ORLANDO, FL 32839	
Title:	D	( ) Delete
Name:	SPRAGUE, GEOFFRY	
Address:	4177 REYNARD COURT	
City-St-Zip:	OVIEDO, FL 32765	

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:	
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 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: J. CRAIG SPEARMAN PD 01/08/2006

Electronic Signature of Signing Officer or Director — Date