

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009770

**Entity Name:** ORBITAL ENHANCEMENTS ASSOCIATION, INC.**FILED  
Apr 30, 2004  
Secretary of State****Current Principal Place of Business:**2834 DAFFODIL CIRCLE E  
JACKSONVILLE, FL 32246 US**New Principal Place of Business:****Current Mailing Address:**2834 DAFFODIL CIRCLE E  
JACKSONVILLE, FL 32246 US**New Mailing Address:**PO BOX 16952  
JACKSONVILLE, FL 32245 US**FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PARSONS, TOBIN J  
2834 DAFFODIL CIRCLE E  
JACKSONVILLE, FL 32246 US**Name and Address of New Registered Agent:**CREGO, DEBBIE  
1821-7 PARENTAL HOME ROAD  
JACKSONVILLE, FL 32216 US

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: DEBBIE CREGO

04/30/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: PARSONS, TOBIN J  
Address: 2834 DAFFODIL CIRCLE E  
City-St-Zip: JACKSONVILLE, FL 32246**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**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 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: TOBIN PARSONS

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date