

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003357

FILED
Apr 03, 2007
Secretary of State

Entity Name: ARGOS FOUNDATION, INC.

Current Principal Place of Business:

450 ROSEDALE DRIVE
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 265
CAPE CANAVERAL, FL 32920

New Mailing Address:

P.O. BOX 1048
CAPE CANAVERAL, FL 32920

FEI Number: 02-0716480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, GARY W MGR
450 ROSEDALE DRIVE
SATELLITE BEACH, FL 32937 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: D () Delete
Name: MULLEN, SIOBHAN MS
Address: 403 BREVARD AVENUE, SUITE 1
City-St-Zip: COCOA, FL 32922 US

Title: CDP () Delete
Name: MORGAN, STEPHEN LEE MR
Address: 8116 ARLINGTON BLVD NO 196
City-St-Zip: FALLS CHURCH, VA 22042 US

Title: VCD () Delete
Name: HARVEY, LAWRENCE M MR
Address: 7001 N ATLANTIC AVE NUE, SUITE 115
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: D () Delete
Name: DIBELLO, FRANCIS A MR
Address: 403 BREVARD AVENUE, SUITE 1
City-St-Zip: COCOA, FL 32922 US

Title: D () Delete
Name: IKIN, KIRBY D MR
Address: 1 TREGENNA CLOSE ST. IVES
City-St-Zip: SYDNEY, NS 2075 AU

Title: D () Delete
Name: LEDDY, JEFFREY A MR
Address: 6340 SUGARLOAF PARKWAY SUITE 200
City-St-Zip: DULUTH, GA 30097 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ADOMANIS, CHRISTOPHER T CPA
Address: 1441 MCCORMICK DRIVE SUITE 1050
City-St-Zip: LARGO, MD 20774 US

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

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

Title: D (X) Change () Addition
Name: GOETSCH, KEITH L CPENG
Address: P.O. BOX 433
City-St-Zip: SOUTHPORT, QL 4217 AU

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: STEPHEN LEE MORGAN

CDP

04/03/2007

Electronic Signature of Signing Officer or Director

Date