2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003357

Entity Name: ARGOS FOUNDATION, INC.

FILED Mar 11, 2008 Secretary of State

| | rincipal Place of Business: DALE DRIVE | New Principal Place of Business: |
|---------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| | E BEACH, FL 32937 | |
| Current M | lailing Address: | New Mailing Address: |
| P.O. BOX CAPE CAI | 1048 NAVERAL, 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 | Name and Address of New Registered Agent: |
| 450 ROSE | , GARY W MGR :DALE DRIVE E BEACH, FL 32937 US | |
| | named entity submits this statement for the of Florida. | ne purpose of changing its registered office or registered agent, or both, |
| SIGNATU | RE: | |
| | Electronic Signature of Registered | Agent Date |
| OFFICER | S AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |
| Title: Name: Address: City-St-Zip: | D () Delete MULLEN, SIOBHAN MS 403 BREVARD AVENUE, SUITE 1 COCOA, FL 32922 US | Title: CDP (X) Change () Addition Name: MORGAN, STEPHEN L MR Address: 8116 ARLINGTON BLVD NO 196 City-St-Zip: FALLS CHURCH, VA 22042 US |
| Title: Name: Address: City-St-Zip: | CDP () Delete MORGAN, STEPHEN LEE MR 8116 ARLINGTON BLVD NO 196 FALLS CHURCH, VA 22042 US | Title: D (X) Change () Addition Name: MORGAN, GARY W MR Address: 450 ROSEDALE DR City-St-Zip: SATELLITE BEACH, FL 32937 US |
| Title: Name: Address: City-St-Zip: | D () Delete ADOMANIS, CHRISTOPHER T CPA 1441 MCCORMICK DRIVE SUITE 1050 LARGO, MD 20774 US | Title: () Change () Addition Name: Address: City-St-Zip: |
| Title: Name: Address: City-St-Zip: | D () Delete DIBELLO, FRANCIS A MR 403 BREVARD AVENUE, SUITE 1 COCOA, FL 32922 US | Title: () Change () Addition Name: Address: City-St-Zip: |
| Title: Name: Address: City-St-Zip: | D () Delete IKIN, KIRBY D MR 1 TREGENNA CLOSE ST. IVES SYDNEY, NS 2075 AU | Title: () Change () Addition Name: Address: City-St-Zip: |
| Title: Name: Address: | D () Delete GOETSCH, KEITH L CPENG P.O. BOX 433 | Title: () Change () Addition Name: Address: |

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.

City-St-Zip:

SIGNATURE: STEPHEN LEE MORGAN CDP 03/11/2008

SOUTHPORT, QL 4217 AU

City-St-Zip: