2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007099

FILED Mar 07, 2007 Secretary of State

Entity Name: ASTRONAUT SCHOLARS HONOR SOCIETY, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

2129 KNOLLVIEW CT 4521 OLD CARRIAGE TRAIL OVIEDO, FL 327656140 OVIEDO, FL 327658453 US

Current Mailing Address: New Mailing Address:

 2129 KNOLLVIEW CT
 4521 OLD CARRIAGE TRAIL

 OVIEDO, FL 327656140
 OVIEDO, FL 327658453 US

FEI Number: 26-0120685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEESON, LISA A
2129 KNOLLVIEW CT
OVIEDO, FL 327656140 US

SCHOTT, LISA A
4521 OLD CARRIAGE TRAIL
OVIEDO, FL 327658453 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: LISA A SCHOTT 03/07/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

 Name:
 BEESON, LISA A
 Name:
 SCHOTT, LISA A

 Address:
 2129 KNOLLVIEW CT
 Address:
 4521 OLD CARRIAGE TRAIL

 City-St-Zip:
 OVIEDO, FL 327656140
 City-St-Zip:
 OVIEDO, FL 327658453 US

Title: Title: (X) Change () Addition () Delete Name: BRADLEY II, LARRY D DR. Name: BRADLEY II, LARRY D DR. Address: 2129 KNOLLVIEW CT Address: 4521 OLD CARRIAGE TRAIL City-St-Zip: OVIEDO, FL 327656140 City-St-Zip: OVIEDO, FL 327658453

 Name:
 BILTGEN, PATRICK T
 Name:
 BILTGEN, PATRICK T

 Address:
 2129 KNOLLVIEW CT
 Address:
 4521 OLD CARRIAGE TRAIL

 City-St-Zip:
 OVIEDO, FL 327656140
 City-St-Zip:
 OVIEDO, FL 327658453

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: LISA A SCHOTT D 03/07/2007