2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05264

FILED Jan 21, 2007 Secretary of State

Entity Name: SPACE COAST UNITED SOCCER CLUB, INC.

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

PO BOX 410301 SCUSC MELBOURNE, FL 329410301 US BOX 410301

MELBOURNE, FL 329410301 US

Current Mailing Address: New Mailing Address:

PO BOX 410301

MELBOURNE, FL 329410301 US

FEI Number: 59-2377476 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:

WILLIAM, GAVIRIA D WILLIAM, GAVIRIA D 5142 OUTLOOK DR 2112 SIROCO LN

MELBOURNE, FL 32940 US MELBOURNE, FL 32934 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.

0.01.47.187.

SIGNATURE: WILLIAM GAVIRIA 01/21/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 SZUBA, TTHOMAS
 Name:
 SZUBA, THOMAS

 Address:
 4290 CAREYWOOD DR
 Address:
 4290 CAREYWOOD DR

 City-St-Zip:
 MELBOURNE, FL 32934
 City-St-Zip:
 MELBOURNE, FL 32934

Title: TD () Delete Title: TD (X) Change () Addition
Name: WILLIAM, GAVIRIA D

Address SAA OUTLOW PR

 Address:
 5142 OUTLOOK DR
 Address:
 2112 SIROCO LN

 City-St-Zip:
 MELBOURNE, FL 32940
 City-St-Zip:
 MELBOURNE, FL 32934

Title: SD () Delete Title: () Change () Addition

 Name:
 HEISELMAN, WILLIAM J
 Name:

 Address:
 1024 SPANISH WELLS DR
 Address:

 City-St-Zip:
 MELBOURNE, FL 32940
 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: WILLIAM GAVIRIA TD 01/21/2007