2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008296

FILED Feb 04, 2008 Secretary of State

Entity Name: SPACE COAST BUSINESS GUILD INC. **Current Principal Place of Business: New Principal Place of Business:** 8501 ASTRONAUT BLVD 5-202 CAPE CANAVERAL, FL 32920 **New Mailing Address: Current Mailing Address:** P.O. BOX 562773 ROCKLEDGE, FL 32955 FEI Number: 20-5263023 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: SMITH, AUSTIN B 8501 ASTRONAUT BLVD # 5-202 CAPE CANAVERAL, FL 32920 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SMITH, AUSTIN B Name: Name: 8501 ASTRONAUT BLVD - # 5-202 Address: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: () Delete Title: () Change () Addition Name: RIVERA, JASON D Name: Address: 1152 BRUMPTON PL Address: City-St-Zip: VIERA, FL 32955 City-St-Zip: Title: () Delete Title: (X) Change () Addition CONSTANT, DEE Name: BECKETT, LEONARD Name: 875 N COURTNEAY PKWY Address: Address: 1225 FLORIDA AVE STE # A City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: ROCKLEDGE, FL 32955 () Delete Title: Title: (X) Change () Addition Name: SEAY, JERRY REV. Name: SEAY, JERRY Address: P O BOX 120748 Address: P O BOX 120748 City-St-Zip: W MELBOURNE, FL 32912 City-St-Zip: W MELBOURNE, FL 32912

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.

Ρ SIGNATURE: AUSTIN SMITH 02/04/2008