2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008296

Entity Name: SPACE COAST BUSINESS GUILD INC.

FILED May 10, 2009 Secretary of State

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

8501 ASTRONAUT BLVD 1152 BRUMPTON PLACE

5-202 VIERA, FL 32955 CAPE CANAVERAL, FL 32920

Current Mailing Address: New 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 ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SMITH, AUSTIN B

8501 ASTRONAUT BLVD

5-202

KUCZINSKI, BRUCE

3743 CARAMBOLA CR

MELBOURNE, FL 32940 US

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: BRUCE KUCZINSKI 05/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 SMITH, AUSTIN B
 Name:
 RIVERA, JASON D

 Address:
 8501 ASTRONAUT BLVD - # 5-202
 Address:
 1152 BRUMPTON PL

 City-St-Zip:
 CAPE CANAVERAL, FL 32920
 City-St-Zip:
 VIERA, FL 32955

Title: VP () Delete Title: VP (X) Change () Addition Name: RIVERA, JASON D Name: ANGELINI, MARY

 Name:
 RIVERA, JASON D
 Name:
 ANGELINI, MARY

 Address:
 1152 BRUMPTON PL
 Address:
 P.O. BOX 562773

 City-St-Zip:
 VIERA, FL 32955
 City-St-Zip:
 ROCKLEDGE, FL 32955

Title: S () Delete Title: S (X) Change () Addition

 Name:
 BECKETT, LEONARD
 Name:
 CONWAY, PATRICIA

 Address:
 1225 FLORIDA AVE STE # A
 Address:
 2447 N WICKHAM RD

 City-St-Zip:
 ROCKLEDGE, FL 32955
 City-St-Zip:
 MELBOURNE, FL 32940

 Name:
 SEAY, JERRY
 Name:
 KUCZINSKI, BRUCE

 Address:
 P O BOX 120748
 Address:
 3743 CARAMBOLA CR

 City-St-Zip:
 W MELBOURNE, FL 32912
 City-St-Zip:
 MELBOURNE, FL 32940

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.

SIGNATURE: JASON D RIVERA MGR 05/10/2009