2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09819

FILED Feb 15, 2008 Secretary of State

Entity Name: UDT/SEAL MUSEUM ASSOCIATION, INC.

	Principal Place of Business:	New Principal Place of Business:
	IGHWAY AIA ERCE, FL 349498520 US	
urrent N	Mailing Address:	New Mailing Address:
	IGHWAY AIA ERCE, FL 349498520 US	
El Numbei	r: 59-2569073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
ame and	d Address of Current Registered Age	nt: Name and Address of New Registered Agent:
20 25TH	D, MICHAEL R MR. AVENUE SW FACH, FL 32962 US	
	e named entity submits this statement fo te of Florida.	r the purpose of changing its registered office or registered agent, or bo
IGNATU		
	Electronic Signature of Registere	ed Agent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
tle: ame:	PD () Delete SNYDER, WILLARD B MR	Title: () Change () Addition Name:
ddress: ty-St-Zip:	8014 STATE LINE - SUITE 203 LEAWOOD, KS 66208 US	Address: City-St-Zip:
ty-St-Zip: le: ime: ldress:	LEAWOOD, KS 66208 US VD () Delete GODSHALL, DAVID F MR 10334 TRLWOOD CIR	City-St-Zip: Title: () Change () Addition Name: Address:
ty-St-Zip: le: ume: ldress: ty-St-Zip: le: ume: dress:	LEAWOOD, KS 66208 US VD () Delete GODSHALL, DAVID F MR 10334 TRLWOOD CIR JUPITER, FL 33478 US SD () Delete WINGET, FRANK W MR 327 SOUTH 2ND STREET	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
ty-St-Zip: le: ume: dress: ty-St-Zip: le: ume: dress: ty-St-Zip: le: ume: dress:	LEAWOOD, KS 66208 US VD () Delete GODSHALL, DAVID F MR 10334 TRLWOOD CIR JUPITER, FL 33478 US SD () Delete WINGET, FRANK W MR 327 SOUTH 2ND STREET HAINES CITY, FL 33844 US D () Delete NASH, GEORGE M MR 7745 INDIAN OAKS DRIVE - APT H113	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

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: WILLARD B. SNYDER PD 02/15/2008