

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90006 007 \*\*\*\*61.25

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03202007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N10995</b>			
1. Entity Name LOCKHEED MARTIN MANAGEMENT CLUB, INC.			
Principal Place of Business 5600 SAND LAKE ROAD MP-361 ORLANDO, FL 32819-8907 US		Mailing Address 5600 SAND LAKE ROAD MP-361 ORLANDO, FL 32819-8907 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 23-7119213		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
CLARK, THOMAS 1532 HEIGHTS LANE LONGWOOD, FL 32750		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCISCO, MELISSA	NAME	BETH ISMER
STREET ADDRESS	5600 SAND LAKE RD	STREET ADDRESS	5000 SAND LAKE RD
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, WILLIAM	NAME	STEVE MORTENSEN
STREET ADDRESS	560 STARSTONE DR.	STREET ADDRESS	5600 SAND LAKE RD
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, THOMAS	NAME	
STREET ADDRESS	1532 HEIGHTS LANE	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32750	CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> Delete	TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKOWITZ, HOWARD	NAME	WILLIAM BOYD
STREET ADDRESS	5600 SAND LAKE RD.	STREET ADDRESS	560 STARSTONE DR
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSINA, JAMES	NAME	ANNABELL BAUE
STREET ADDRESS	12208 LEPERA CT	STREET ADDRESS	5600 SAND LAKE RD
CITY-ST-ZIP	ORLANDO, FL 32824	CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTENSEN, STEVE	NAME	JOHN VARLEY
STREET ADDRESS	5600 SAND LAKE RD	STREET ADDRESS	10008 CANOPY TREE CT
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	ORLANDO, FL 32836
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Thomas A Clark</u> THOMAS A CLARK		Date: <u>3/19/07</u> Daytime Phone #: <u>4073567522</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	