


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N25891 1. Entity Name SPACE COAST WORLD TRADE COUNCIL, INC.	
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Principal Place of Business 1005 NEWFOUND HARBOR DR. MERRITT ISLAND, FL 32952 US	Mailing Address P.O. BOX 510596 MELBOURNE BEACH, FL 32951
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DO NOT WRITE IN THIS SPACE

04222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2941625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTIN, FREDERICK J 1005 NEWFOUND HARBOR DR. MERRITT ISLAND, FL 32952	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLEAVEY, MICHAEL 12506 LAKE UNDERHILL ROAD ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, FREDERICK J 1005 NEWFOUND HARBOR DR. MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANTILLON, WILLIAM L AIR CARGO PLACE YOWELL INTL MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/27/08-80071-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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 the empowered.

SIGNATURE: Frederick J. Martin Frederick J. Martin 4/24/08 (321) 476-5145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #