## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000000114

FILED Feb 28, 2006 Secretary of State

Entity Name: U.S. SPACE WALK OF FAME FOUNDATION, INC.

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	N RIVER AVE. LE, FL 32780				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	N RIVER AVE. LE, FL 32780		P. O. BOX 6385 TITUSVILLE, FL 32782	63	
FEI Number	r: 59-3267408	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	Surrent Registered Agent:	Name and Address of I	New Registered Agent:	
TITUSVILI	Ň RIVER AVE. LE, FL 32780	US submits this statement for the p	ourpose of changing its registered o	office or registered agent, or both,	
SIGNATU					
	Flectron	ic Signature of Registered Age			
	Licotioi	nd Signature of Registered Agr	ent	Date	
OFFICER	S AND DIREC			Date TO OFFICERS AND DIRECTOR	
Title: Name: Address:	S AND DIREC	TORS:  Delete HESQ. CLUB DR.	ADDITIONS/CHANGES		
Title: Name: Address: City-St-Zip: Title: Name: Address:	D () EVANS, JOHN I 750 COUNTRY TITUSVILLE, FI	Delete H ESQ. CLUB DR. 2 32780  Delete ERT L CT	ADDITIONS/CHANGES  Title: ( Name: Address: City-St-Zip:	TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	ES AND DIRECT D ( ) EVANS, JOHN I 750 COUNTRY TITUSVILLE, FI T ( ) ADCOCK, ROB 1346 NELSON ROCKLEDGE,	Delete H ESQ. CLUB DR. 32780  Delete ERT L CT FL 32955  Delete E DR.	ADDITIONS/CHANGES  Title: ( Name: Address: City-St-Zip:  Title: ( Name: Address: City-St-Zip:	TO OFFICERS AND DIRECTOR ) Change ( ) Addition	
OFFICER Title: Name: Address: City-St-Zip:	D () EVANS, JOHN I 750 COUNTRY TITUSVILLE, FI  T () ADCOCK, ROB 1346 NELSON ROCKLEDGE, P () MARS, CHARLI 3970 PINETOP TITUSVILLE, FI	Delete H ESQ. CLUB DR. 2 32780  Delete ERT L CT FL 32955  Delete E DR. 2 32796  Delete CIS	ADDITIONS/CHANGES  Title: ( Name: Address: City-St-Zip:  Title: ( Name: Address: City-St-Zip:  Title: ( Name: Address: City-St-Zip:	TO OFFICERS AND DIRECTOR ) Change ( ) Addition ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES B. MARS P 02/28/2006