2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000114

FILED Jan 19, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: TITUSVILLE, FL 32780 **Current Mailing Address: New Mailing Address:** P. O. BOX 6385 P. O. BOX 1989 TITUSVILLE, FL 32782 63 TITUSVILLE, FL 32781 FEI Number: 59-3267408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURDINE, T BURDINE, T 410 INDIAN RIVER AVE. 7351 OFFÍCE PARK PL, SUITE A TITUSVILLE, FL 32780 US MELBOURNE, FL 32940 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: 01/19/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition EVANS, JOHN H ESQ. EVANS, JOHN H ESQ Name: Name: 750 COUNTRY CLUB DR. Address: 1702 S. WASHINGTON AVE Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780 Title: () Delete Title: () Change () Addition Name: MIKEL, ARLENE Name: Address: 2157 KINGS CROSS Address: City-St-Zip: TITUSVILLE, FL 32796 City-St-Zip: Title: () Delete Title: () Change () Addition MARS, CHARLIE Name: Name: 3970 PINETOP DR. Address: Address: City-St-Zip: TITUSVILLE, FL 32796 City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: ARNOLD, BOB Name: 4290 PONDAPPLE DR. Address: Address: City-St-Zip: TITUSVILLE, FL 32796 City-St-Zip: Title: () Delete Title: CPA (X) Change () Addition BURDINE, T BURDINE, T Name: Name: 410 INDIAN RIVER AVE. 7351 OFFICE PARK PL. SUITE A Address: Address: TITUSVILLE, FL 32996 City-St-Zip: 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: CHARLES B. MARS P 01/19/2009