2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2007
Secretary of State

DOCUMENT# N94000001044

Entity Name: SPACE FRONTIER OPERATIONS, INC.

Current Principal Place of Business:

P.O. BOX 445
CAPE CANAVERAL, FL 329200445

New Principal Place of Business:

8700 ASTRONAUT BOULEVARD
BOX 445
CAPE CANAVERAL, FL 329200445

Current Mailing Address:

P.O. BOX 445
CAPE CANAVERAL, FL 329200445

New Mailing Address:

FEI Number: 59-3235966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLARK, ANDREW W. V
522-A ABBEY LN
COCOA, FL 32922 US

Name and Address of New Registered Agent:

CLARK, ANDREW W. V
8700 ASTRONAUT BOULEVARD
BOX 445
CAPE CANAVERAL, FL 329200445 US

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: 06/10/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: CLARK, ANDREW W.V
Address: P.O. BOX 445 N/A
City-St-Zip: CAPE CANAVERAL, FL

Title: DS ( ) Delete
Name: HOWARD, RITA
Address: P.O. BOX 445 N/A
City-St-Zip: CAPE CANAVERAL, FL 329200445

Title: D ( ) Delete
Name: DENMAN, CHARLES R
Address: P.O. BOX 445 N/A
City-St-Zip: CAPE CANAVERAL, FL 329200445

Title: DV ( ) Delete
Name: PRICKETT, RICHARD E
Address: PO BOX 445 N/A
City-St-Zip: CAPE CANAVERAL, FL 329200445

Title: D ( ) Delete
Name: CASH, TIMOTHY
Address: P O BOX 445 N/A
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DT ( ) Delete
Name: OSBAND, ROBERT
Address: PO BOX 445 N/A
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: CLARK, ANDREW W.V
Address: P.O. BOX 445 N/A
City-St-Zip: CAPE CANAVERAL, FL 329200445

Title: ( ) Change ( ) Addition
Name:
Address:
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:

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: ROBERT OSBAND DT 06/10/2007
Electronic Signature of Signing Officer or Director — Date