

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001319

FILED
Mar 22, 2007
Secretary of State

Entity Name: COMMUNITY COLLEGES FOR INNOVATIVE TECHNOLOGY TRANSFER, INC.

Current Principal Place of Business:

CCITT, INC.
MAIL CODE: SPACETEC
KENNEDY SPACE CENTER, FL 32899

New Principal Place of Business:

Current Mailing Address:

CCITT, INC.
MAIL CODE: SPACETEC
KENNEDY SPACE CENTER, FL 32899

New Mailing Address:

FEI Number: 59-3336075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLLER, ALBERT M JR.
2645 ROYAL OAK DRIVE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HAYES, HOMER DR
Address: 1200 AUBURN RD
City-St-Zip: TEXAS CITY, TX 77591

Title: D () Delete
Name: KLINCAR, THOMAS D
Address: COMMUNITY COLLEGE OF THE AIR FORCE
City-St-Zip: MAXWELL AFB, AL 36112 66

Title: DT () Delete
Name: CARPENTER, RICHARD G
Address: COMMUNITY COLLEGE OF SOUTHERN NEVADA
City-St-Zip: LAS VEGAS, NV 89146 11

Title: DVP () Delete
Name: GAMBLE, THOMAS E
Address: BREVARD COMMUNITY COLLEGE
City-St-Zip: COCOA, FL 32922

Title: DM () Delete
Name: KOLLER, ALBERT M JR.
Address: MAIL CODE: SPACETEC
City-St-Zip: KENNEDY SPACE CENTER, FL 32899

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DVP (X) Change () Addition
Name: DRAKE, JAMES A
Address: BREVARD COMMUNITY COLLEGE
City-St-Zip: COCOA, FL 32922

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALBERT M. KOLLER, JR.

DM

03/22/2007

Electronic Signature of Signing Officer or Director

_____ Date