

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000003413**

**1. Entity Name**

**SPACE COAST REACT, INC. TEAM #4577**



**Principal Place of Business**

**P.O. BOX 360292  
MELBOURNE, FL 32936-0292**

**Mailing Address**

**P.O. BOX 360292  
MELBOURNE, FL 32936-0292**



**04032006 No Chg-NP**

**CR2E037 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**59-2436868**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**POWER, KAREN  
2949 GARDEN TERR. NE  
PALM BAY, FL 32905**

**DO NOT WRITE  
IN THIS SPACE**

**6. 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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**U000000495938  
04/21/06-80031-009 61.25**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>TD</b>
<b>NAME</b>	<b>POWER, KAREN A</b>
<b>STREET ADDRESS</b>	<b>2849 GARDEN TERR NE</b>
<b>CITY-ST-ZIP</b>	<b>PALM BAY, FL 32905</b>
<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>BODINE, ROBERT</b>
<b>STREET ADDRESS</b>	<b>1252 RIDGEWOOD AVE</b>
<b>CITY-ST-ZIP</b>	<b>MELBOURNE, FL 32935</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>MARASCO, MIKE</b>
<b>STREET ADDRESS</b>	<b>7500 GREENBORO DRIVE APT 2</b>
<b>CITY-ST-ZIP</b>	<b>MELBOURNE, FL 32904</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 like empowered.**

**SIGNATURE: Karen A Power KAREN A Power**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/06**

Date

**321-722-4444**

Daytime Phone #