




**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2007 08:00 AM
Secretary of State

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| 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 |
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| | | |
| 4. FEI Number 59-2436868 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent POWER, KAREN 2949 GARDEN TERR. NE PALM BAY, FL 32905 | | |
| 8. 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 _____ (NOTE: Registered Agent signature required when re-registering) Signature, typed or printed name of registered agent and title if applicable. DATE _____ | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD POWER, KAREN A 2949 GARDEN TERR NE PALM BAY, FL 32905 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BODINE, ROBERT 1252 RIDGEWOOD AVE MELBOURNE, FL 32935 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MARASCO, MIKE 7500 GREENBORO DRIVE APT 2 MELBOURNE, FL 32904 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 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: <u>Karen A Power</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date <u>5/7/07</u> Daytime Phone # <u>321-536-8828</u> |