2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N96000005102

Entity Name: THE UNITED SPACE ALLIANCE ONE FUND CLUB, INC., FLORIDA CHAPTER

Current Principal Place of Business:

8550 ASTRONAUT BLVD
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

8550 ASTRONAUT BLVD
USK-N29
CAPE CANAVERAL, FL 329204304 US

New Mailing Address:

FEI Number: 59-3383219 **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:

HOLLAND, CHRISTOPHER M
1100 LOCKHEED WAY
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:	D	( ) Delete
Name:	FEATHER, ROBERTA	
Address:	2221 CATAWBA DR.	
City-St-Zip:	COCOA, FL 32926	
Title:	V	( ) Delete
Name:	DANIELS, LINAETTE	
Address:	8550 ASTRONAUT BLVD	
City-St-Zip:	CAPE CANAVERAL, FL 32920	
Title:	S	( ) Delete
Name:	WINKEL, MARTY	
Address:	4374 LONGBOW DR	
City-St-Zip:	TITUSVILLE, FL	
Title:	T	( ) Delete
Name:	HERTZLER, SHARON	
Address:	758 N. TROPICAL TRAIL	
City-St-Zip:	MERRITT ISLAND, FL 32953	
Title:	P	( ) Delete
Name:	WIMBERLY, SYLVIA	
Address:	4921 MANCHESTER DR	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	D	( ) Delete
Name:	JUDY SHOCKLEY,	
Address:	1377 GARY DR	
City-St-Zip:	MERRITT ISLAND, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	DANIELS, LINETTE	
Address:	8550 ASTRONAUT BLVD	
City-St-Zip:	CAPE CANAVERAL, FL 32920	
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: SHARON HERTZLER TREA 05/02/2007
Electronic Signature of Signing Officer or Director — Date