

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

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1. Entity Name
**GLOBAL NETWORK AGAINST WEAPONS AND NUCLEAR
POWER IN SPACE, INC.**



Principal Place of Business
**2 FOREST TERR
BRUNSWICK, ME 04011**

Mailing Address
**PO BOX 652
BRUNSWICK, ME 04011**

DO NOT WRITE IN THIS SPACE



02202006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3532282

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NETZER, JULIE
923-C NE 3RD AVE
GAINESVILLE, FL 32601**

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IN THIS SPACE**

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

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**

000000447977
03,498,406 00070 000 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME GROSSMAN, KARL
STREET ADDRESS P.O. BOX 1680
CITY-ST-ZIP SAG HARBOR, NY 11963

TITLE SM
NAME GAGNON, BRUCE K
STREET ADDRESS 2 FOREST TERR
CITY-ST-ZIP BRUNSWICK, ME 04011

TITLE PD
NAME WEBB, DAVE
STREET ADDRESS 2 GROVE LANE
CITY-ST-ZIP LEEDS, EN

TITLE DT
NAME HAGEN, REGINA
STREET ADDRESS TEICHHAUSSTRASSE 46
CITY-ST-ZIP DARMSTADT, GR

TITLE D
NAME KAKU, MICHIO
STREET ADDRESS 138TH ST & CONVENT AVE
CITY-ST-ZIP NEW YORK, NY 10031

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *BK Gagnon* **Bruce K. Gagnon** **2-20-06** **(207) 729-0511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #