


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000005066	
1. Entity Name GLOBAL NETWORK AGAINST WEAPONS AND NUCLEAR POWER IN SPACE, INC.	

Principal Place of Business 212 CENTRE STREET BATH, ME 04530	Mailing Address PO BOX 652 BRUNSWICK, ME 04011
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3532282	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 NETZER, JULIE 923-C NE 3RD AVE GAINESVILLE, FL 32601	DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM GAGNON, BRUCE K 212 CENTRE STREET BATH, ME 04530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBB, DAVE 2 GROVE LANE LEEDS, EN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAGEN, REGINA TEICHHAUSSTRASSE 46 DARMSTADT, GR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAKU, MICHIO 138TH ST & CONVENT AVE NEW YORK, NY 10031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/15/08-80045-015 61.25

**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: BK Gagnon 1-8-08 207-443-9502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #