2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N99000007590 1. Entity Name NAUTICAL SCIENCE FOUNDATION, INC. Principal Place of Business Mailing Address

FILED Apr 26, 2004 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE Applied F	FT. LAUDERI		340 N.W. 32 AVE. T. LAUDERDALE, FL 33309					
6. Name and Address of Current Registered Agent C. Name and Address of Current Registered Agent C. Name and Address of Current Registered Agent C. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE Sad to N.W. 32 AVE. FT. LAUDERDALE, FL. 33309 B. 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 act the obligations of registered agent, or both, in the State of Florida, I am familiar with, and act the obligations of registered agent, or both, in the State of Florida, I am familiar with, and act the obligations of registered agent, or both, in the State of Florida, I am familiar with, and act the obligations of registered agent, or both, in the State of Florida, I am familiar with, and act the obligations of registered agent, or both, in the State of Florida, I am familiar with, and act the obligations of registered agent, or both, in the State of Florida, I am familiar with, and act the obligations of registered agent, or both, in the State of Florida, I am familiar with, and act the obligations of registered agent, or both, in the State of Florida, I am familiar with, and act the obligations of registered agent, or both, in the State of Florida, I am familiar with, and act the obligations of registered agent, or both, in the State of Florida, I am familiar with, and act the obligations of registered agent, or both, in the State of Florida, I am familiar with, and act the obligations of registered agent, or both, in the State of Florida, I am familiar with, and act the obligations of registered agent, or both, in the State of Florida, I am familiar with, and act the obligations of registered agent, or both, in the State of Florida, I am familiar with, and act the obligations of registered agent, or both, in the State of Florida, I am familiar with, and act the obligations of registered agent, or both, in the State of Florida, I am familiar with, and act the obli	DO NOT WRITE IN THIS SPACE							
6. Name and Address of Current Registered Agent ZARECKI, MARIE CHRISTIE 8340 N.W. 32 AVE. FT. LAUDERDALE, FL. 33309 BOD 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 act the obligations of registered agent. SIGNATURE Signature, Special or predictance of registered agent	L	O NOT WHILE II	-				Applied For Not Applicable	
DO NOT WRITE 6340 N.W. 32 AVE. FT. LAUDERDALE, FL 33309 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. Lam familiar with, and act the obligations of registered agent. SIGNATURE Separative, loped or printed name of registered agent and tile if applicable. DOTE Registered Agent signature resister after refusible resister and registered agent. DATE					5. Certificate	of Status Desired		
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Filing Fee is \$61.25 Due by May 1, 2004 10. OFFICERS AND DIRECTORS 10. OFFICERS AND	the obligat		purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flor	rida, I am fa	miliar with, and accept
Trust Fund Contribution. Added to Fees U00000133350	SIGNATURE	Signature, typed or printed name of registered agont and title	if applicable (NOTE Registere	d Agent signature required	when reinstating)		DATE	
TITLE PST O4/27/04-88084-003 61.25 NAME ZARECKI, MARIE CHRISTIE 6340 N.W. 32 AVE. FT. LAUDERDALE, FL 33309 ITILE D NAME ZARECKI, SCOTT 6340 NW 32 AVE FORT LAUDERDALE, FL 33309 ITILE D CHRISTIE, DALE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 ITILE D STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 ITILE D STREET ADDRESS CITY-ST-ZIP FRANKFORT, NY 13340 DO NOT WRITE IN THIS SPACE IN THIS SPACE SIREET ADDRESS CITY-ST-ZIP ITILE NAME SIREET ADDRESS CITY-ST-ZIP ITILE						Uggoog	14 000000	
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NAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FRANKFORT, NY 13340				–		

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 will an address, with all other like empowered.

FFICER OR DIRECTOR

SIGNATURE: