

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000082869																																																					
1. Entity Name THE FLORIDA SPACE NEEDLE, INC.																																																					
Principal Place of Business 730 E. STRAWBRIDGE AVE. SUITE 101 MELBOURNE, FL 32901	Mailing Address 730 E. STRAWBRIDGE AVE. SUITE 101 MELBOURNE, FL 32901	 04022004 No Chg-P CR2E034 (10/03) <table border="1" style="width:100%"><tr><td>4. FEI Number 20-0002319</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 20-0002319	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																
4. FEI Number 20-0002319	Applied For Not Applicable																																																				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																					
DO NOT WRITE IN THIS SPACE																																																					
6. Name and Address of Current Registered Agent BEALS, ROBERT L 730 E. STRAWBRIDGE AVE. SUITE 101 MELBOURNE, FL 32901																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000116067 04/16/04-80049-010 150.00																																																			
10. OFFICERS AND DIRECTORS																																																					
<table border="1" style="width:100%"><tr><td style="width:15%">TITLE</td><td style="width:15%">D</td><td rowspan="6" style="text-align:center; vertical-align:middle;">DO NOT WRITE IN THIS SPACE</td></tr><tr><td>NAME</td><td>BEALS, ROBERT L</td></tr><tr><td>STREET ADDRESS</td><td>730 E. STRAWBRIDGE AVE.</td></tr><tr><td>CITY-ST-ZIP</td><td>MELBOURNE, FL 32901</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td><td rowspan="6"></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td><td rowspan="6"></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>			TITLE	D	DO NOT WRITE IN THIS SPACE	NAME	BEALS, ROBERT L	STREET ADDRESS	730 E. STRAWBRIDGE AVE.	CITY-ST-ZIP	MELBOURNE, FL 32901	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE			NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE			NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	D	DO NOT WRITE IN THIS SPACE																																																			
NAME	BEALS, ROBERT L																																																				
STREET ADDRESS	730 E. STRAWBRIDGE AVE.																																																				
CITY-ST-ZIP	MELBOURNE, FL 32901																																																				
TITLE																																																					
NAME																																																					
STREET ADDRESS																																																					
CITY-ST-ZIP																																																					
TITLE																																																					
NAME																																																					
STREET ADDRESS																																																					
CITY-ST-ZIP																																																					
TITLE																																																					
NAME																																																					
STREET ADDRESS																																																					
CITY-ST-ZIP																																																					
TITLE																																																					
NAME																																																					
STREET ADDRESS																																																					
CITY-ST-ZIP																																																					
TITLE																																																					
NAME																																																					
STREET ADDRESS																																																					
CITY-ST-ZIP																																																					
12. I hereby certify that the information supplied with this filing 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 607, 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>Robert L. Beals</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____																																																					