2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000010210

1. Entity Name
THE INTERNATIONAL SPACE STATION, INC.

Principal Place of Business	Mailing Address
5770 W. IRLO BROSON HWY. SUITE #305 KISSIMMEE, FL 34746	455 PEPPERMILL CIRCLE KISSIMMEE, FL 34758

04212005 No Chg-P CR2E034 (10/03)

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4. FEI Number
45-0464387
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CUNNINGHAM, DAWN
455 PEPPERMILL CIRCLE
KISSIMMEE, FL 34758

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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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. FACTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CUNNINGHAM, DAWN
STREET ADDRESS	455 PEPPERMILL CIR.
CITY ST ZIP	KISSIMMEE, FL 34758
TITLE	V
NAME	CUNNINGHAM, DAVID R
STREET ADDRESS	455 PEPPERMILL CIR.
CITY ST ZIP	KISSIMMEE, FL 34758
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	

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04/27/05-80153-005 150.00

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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: _____ 4-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #