2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# P02000117628

Entity Name: SPACE COAST ATA - TITUSVILLE, INC.

Current Principal Place of Business:

1885 KNOX MCRAE DR
TITUSVILLE, FL 32796

New Principal Place of Business:

1925 KNOX MCRAE DR
TITUSVILLE, FL 32796

Current Mailing Address:

P.O. BOX 540901
MERRITT ISLAND, FL 329540901

New Mailing Address:

FEI Number: 27-0041042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LATHEROW, C. ANDREW II
1277 POTOMAC DRIVE
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LATHEROW, C. ANDREW II
Address: 1277 POTOMAC DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S/T ( ) Delete
Name: LATHEROW, DEBORAH L
Address: 1277 POTOMAC DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH L LATHEROW SEC 02/19/2009

Electronic Signature of Signing Officer or Director — Date