2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 04, 2005 8:00 am Secretary of State

Applied Fox Suite April 4, etc. Suite April 4, etc. Suite	DOCUMENT # P04000084 1. Entity Name SPACE COAST BOOM'IN, INC.			3-04-2005	90086 045	***150	0.00	
SUITE 1 MICCO, FL 32976 US MICCO, FL 32976 Suite, Apt. *, etc. Suite, Apt. *, etc. City & State	Principal Place of Business	Mailing Address		1				
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WETHERALD, VIRGINIA M 956 20 STREET SUITE 101 VERO BEACH, FL 32960 8. The above named onlist submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Rovida. I am familiar with, and accept the obligations of registered agent	Zip Country	Zip	Country	5. Certificate of S	tatus Desired			
Name Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current	Registered Agent		7. Name and Add	tress of New R			·
Sireet Address (P.O. Box Number is Not Acceptable)								
City FL Zip Code	956 20 STREET	. Street Address	. Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Significant Research Re								
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE P			City			FL	Zip Code)
SIGNATURE Signature, hyped or printed nume of registerers appear and blee / sociolable. (NOTE, Registered Agent signature required when remodating) Part	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						and accept	
Signature, Nyped or printed name of registered signature depicts and blief applicable. (NOTE: Registered Agent signature required when remaking) DATE	the obligations of registered agent.							
### FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE P	SIGNATURE: Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requir	ed when reinstating)		DATE		
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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 onth; that I am an officer or director.	NAME STREET ADDRESS	☐ Delete	NAME STREET ADDRESS	` <u></u>		.;; * [*]] Change	Addition

The repoy certify that the information supplied with this filing does not qualify for the exemption stated in section 1.19.7, Florida Statutes. Turnier certify that the information indicated on this report or supplemental reportis 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 rustee embowered 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 that I am add just with all other like empowered.

SIGNATURE:

Rob Grainger

Date Daytine Proce #