


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P96000096591 1. Entity Name SPACE GROUND SYSTEM SOLUTIONS, INC.	
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Principal Place of Business 4343 FORTUNE PLACE SUITE C WEST MELBOURNE, FL 32904 US	Mailing Address 4343 FORTUNE PLACE SUITE C WEST MELBOURNE, FL 32904 US
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DO NOT WRITE IN THIS SPACE



03252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3415560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, J. PATRICK
% FRESE HANSEN
930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE, FL 32901**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000884207 04/17/08-80034-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORMALA, ROBERT S 5061 TALLWOOD CIRCLE WEST MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CACCIAGLIA, DAVID J 818 STONE AVE. WALDORF, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, BRIAN 510 GLENWOOD AVE SATELLITE BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FULLER, GARRY W 6142 SIMMS DR LA PLATA, MD 20646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert S. Tormala 321-956-8200x
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 202