

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90078 016 \*\*\*150.00

<b>DOCUMENT # P98000084034</b> 1. Entity Name <b>UNIVERSITY SCIENCE CENTER, INC.</b>					
Principal Place of Business <b>2200 LUCIEN WAY #333</b> <b>MAITLAND, FL 32751</b>			Mailing Address <b>2200 LUCIEN WAY #333</b> <b>MAITLAND, FL 32751</b>		
2. Principal Place of Business - No P.O. Box <b>250 International Pkwy</b> Suite, Apt. #, etc. <b>#114</b>		3. Mailing Address <b>Same as Principal</b> Suite, Apt. #, etc.			
City & State <b>LAKE MARY, FLORIDA</b>		City & State <b>LAKE MARY, FLORIDA</b>		4. FEI Number <b>65-0881864</b>	
Zip <b>32746</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FESS, MICHAEL D</b> <b>2200 LUCIEN WAY #333</b> <b>MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent Name <b>Michael D. Fess</b> Street Address (P.O. Box Number is Not Acceptable) <b>250 International Pkwy.</b> <b>#114</b> City <b>LAKE MARY</b> <b>FL</b> Zip <b>32746</b>	
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>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b> NAME <b>JAFFEE, CABOT L SR.</b> STREET ADDRESS <b>2200 LUCIEN WAY #333</b> CITY-ST-ZIP <b>MAITLAND, FL 32751</b>	<input type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>CABOT L. JAFFEE SR</b> STREET ADDRESS <b>250 International Pkwy #114</b> CITY-ST-ZIP <b>LAKE MARY FL 32746</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b> NAME <b>CALHOUN, MICHAEL D</b> STREET ADDRESS <b>2200 LUCIEN WAY #333</b> CITY-ST-ZIP <b>MAITLAND, FL 32751</b>	<input type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>Michael D. Calhoun</b> STREET ADDRESS <b>505 Maitland Ave Suite 1350</b> CITY-ST-ZIP <b>Altamonte Springs, FL 32701</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>ST</b> NAME <b>FESS, MICHAEL D</b> STREET ADDRESS <b>2200 LUCIEN WAY #333</b> CITY-ST-ZIP <b>MAITLAND, FL 32751</b>	<input type="checkbox"/> Delete		TITLE <b>ST</b> NAME <b>Michael D. Fess</b> STREET ADDRESS <b>250 International Pkwy #114</b> CITY-ST-ZIP <b>LAKE MARY, FLORIDA 32746</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date _____ Daytime Phone # _____</small>					

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