

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 27, 2006  
Secretary of State**

DOCUMENT# P99000031592

Entity Name: SPACE COAST CRUSHERS, INC.

**Current Principal Place of Business:**

8800 HOLIDAY SPRINGS ROAD  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

8800 HOLIDAY SPRINGS ROAD  
ROCKLEDGE, FL 32955

**New Mailing Address:**

FEI Number: 59-3574193      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLOVER, LLOYD F  
827 HAMILTON DR  
ORLANDO, FL 32833      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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: GLOVER, LLOYD F  
Address: 827 HAMILTON DR  
City-St-Zip: ORLANDO, FL 32833

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP      ( ) Change (X) Addition  
Name: GLOVER, MICHAEL A  
Address: 827 HAMILTON DRIVE  
City-St-Zip: ORLANDO, FL 32833

Title: VP      ( ) Change (X) Addition  
Name: GLOVER, KENNETH L  
Address: 827 HAMILTON DRIVE  
City-St-Zip: ORLANDO, FL 32833

I hereby certify that the information supplied with this filing does not qualify for the 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: LLOYD GLOVER

PD

03/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date