2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005
Secretary of State

DOCUMENT# S65575

Entity Name: SPACE COAST COMPUTER SOLUTIONS, INC.

Current Principal Place of Business:

P.O. BOX 542761
MERRITT ISLAND, FL 329542761

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 542761
MERRITT ISLAND, FL 329542761

New Mailing Address:

FEI Number: 59-3091230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARKEY, KEVIN P
15 EAST MERRITT ISLAND CSWY
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: DVS ( ) Delete
Name: HUFF, JAMES R.,
Address: 1820 CRAWFORD AVE.
City-St-Zip: MERRITT ISLAND, FL

Title: DPT ( ) Delete
Name: VIVIAN, JOHN G.,
Address: 1825 MILI AVE
City-St-Zip: MERRITT ISLAND, FL

Title: DV ( ) Delete
Name: DILLMAN, JAMES A.,
Address: 2155 WINDSOR ST
City-St-Zip: MERRITT ISLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: JOHN G. VIVIAN DPT 02/22/2005
Electronic Signature of Signing Officer or Director Date