

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000004806

**Entity Name:** JOI SCIENTIFIC, INC.**Current Principal Place of Business:**SLS LABORATORY, NASA KENNEDY SPACE CENTER  
505 ODYSSEY WAY SUITE 103  
MERRITT ISLAND, FL 32953-8701**Current Mailing Address:**SLS LABORATORY, NASA KENNEDY SPACE CENTER  
505 ODYSSEY WAY SUITE 103  
MERRITT ISLAND, FL 32953 US**FEI Number:** 46-0915157**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANITA'S ACCOUNTING SOLUTIONS, PLLC  
3113 S DALE MABRY HWY SUITE A  
TAMPA, FL 33629 US*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:** ANITA CAMACHO

04/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	KENNEDY, TRAVER
Address	SLS LABORATORY, KENNEDY SPACE CENTER 505 ODYSSEY WAY SUITE 103
City-State-Zip:	MERRITT ISLAND FL 32953-8701

Title	VD
Name	KOENEMAN, ROBERT
Address	SLS LABORATORY, KENNEDY SPACE CENTER 505 ODYSSEY WAY SUITE 103
City-State-Zip:	MERRITT ISLAND FL 32953-8701

Title	SECRETARY
Name	JONES, HUW R.
Address	SLS LABORATORY, NASA KENNEDY SPACE CENTER 505 ODYSSEY WAY SUITE 103
City-State-Zip:	MERRITT ISLAND FL 32953-8701

Title	TREASURER
Name	FRAHN, KURT
Address	SLS LABORATORY, NASA KENNEDY SPACE CENTER 505 ODYSSEY WAY SUITE 103
City-State-Zip:	MERRITT ISLAND FL 32953-8701

*I hereby 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 all other like empowered.*

**SIGNATURE:** KURT FRAHN**TREASURER**

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date