


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90318 010 ****61.25

DOCUMENT # N02000009631

1. Entity Name
WORLD AIRLINE HISTORICAL SOCIETY, INC.



Principal Place of Business
**1018 FEATHERSTONE CIR.
OCOOE, FL 34761 US**

Mailing Address
**P.O. BOX 489
OCOOE, FL 34761 US**

60025295



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
32-0047801

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KLISTON, TODD W
LERNER & KLISTON, PA
8211 W. BROWARD BLVD., SUITE 375
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, DUANE P.O. BOX 101 COVINGTON, LA 70434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRIS, CRAIG 105 SILVER WILLOW CT. GALT, CA 95632	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRALL, JAY PO BOX 1164 CLACKAMAS, OR 97015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, BOB 81 DARLINTON ROAD, HARTBURN STOCKTON ON TEES, ENGLAND, NA TS185HA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, DONALD 4215 BUCHANAN STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALERMO, BOB 1138 HILLROCK DR CLEVELAND, OH 44121	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	① DAWCHIK, BILL 88 CLARENDAV AVE. YONKERS, NY 10701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	① KELLER, DAVID 1965 DANIELLE DR. FLORISSANT, MO 63031	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	① THOMPSON, JIM 37 N. EVERETT AVE. COLUMBUS, OH 43213	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 617, 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.

Jan E Prall

Secretary/Treasurer

4/3/06 503/657-4540