

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-01-2005 90006 032 ****61.25

00010000



1st MOORE CR2E037 (10/04)

DOCUMENT # N03109 1. Entity Name MOONPORT MODELERS, INC.					
Principal Place of Business 2405 DOLPHIN RD TITUSVILLE FL 32780 US			Mailing Address PO BOX 782 TITUSVILLE FL 32781-0782 US		
2. Principal Place of Business 2420 CHRISTINE DR			3. Mailing Address Suite, Apt. #, etc.		
City & State TITUSVILLE FL			City & State		
Zip 32796		Country BREYARD		Zip	
Country		Zip		Country	
6. Name and Address of Current Registered Agent HORTON, CRAIG 2405 DOLPHIN RD TITUSVILLE FL 32780				7. Name and Address of New Registered Agent Name R ROBERTS Street Address (P.O. Box Number is Not Acceptable) 2420 CHRISTINE DR City TITUSVILLE FL Zip Code 32796	
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 George Binns <i>George Binns</i> DATE 3-29-05 Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, RON 2420 CHRISTINE DR TITUSVILLE FL 32796	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEDERSEN, JAMES 4093 WOODLAND CT MIMS FL 32754	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BINNS, GEORGE 6625 HAVEN ST COCOA FL 32927	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLEMENS, JERRY 315 YUMA DRIVE TITUSVILLE FL 32796	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE: <i>George Binns</i> George Binns 4-18-05 321-268-0150 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					