2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N03109

Entity Name: MOONPORT MODELERS, INC.

Current Principal Place of Business:

2420 CHRISTINE DR
TITUSVILLE, FL 32796 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 782
TITUSVILLE, FL 327810782 US

New Mailing Address:

FEI Number: 59-3011150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, R
2420 CHRISTINE DR
TITUSVILLE, FL 32796 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: PD ( ) Delete
Name: ROBERTS, RON
Address: 2420 CHRISTINE DR
City-St-Zip: TITUSVILLE, FL 32796

Title: VD ( ) Delete
Name: PEDERSEN, JAMES
Address: 4093 WOODLAND CT
City-St-Zip: MIMS, FL 32754

Title: SD ( ) Delete
Name: GARRISON, CHRIS
Address: 7 INDIAN RIVER DRIVE APT. 1007
City-St-Zip: TITUSVILLE, FL 32796

Title: TD ( ) Delete
Name: CLEMENTS, JERRY
Address: 315 YUMA DRIDE
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: COVENEY, BERNARD
Address: 4470 DARDEN AVENUE
City-St-Zip: TITUSVILLE, FL 32780

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON ROBERTS PD 01/19/2009

Electronic Signature of Signing Officer or Director — Date