2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 753873

Entity Name: MARTIN COUNTY MODELERS, INC.

Current Principal Place of Business:

8702 SE SANDCASTLE CIRCLE
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

8702 SE SANDCASTLE CIRCLE
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 59-2606440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALDRIDGE, DAVID P
8702 SE SANDCASTLE CIR
HOBO SOUND, FL 33455 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: TD ( ) Delete
Name: ALDRIDGE, DAVID P
Address: 8702 SE SANDCASTLE CIR
City-St-Zip: HOBE SOUND, FL 33455

Title: SD ( ) Delete
Name: CLAPPER, DON
Address: 102 ST ANDREWS CT
City-St-Zip: JUPITER, FL 33458

Title: PD ( ) Delete
Name: JACQUES, JOHN
Address: 10943 SW HAWKVIEW CIRCLE
City-St-Zip: STUART, FL 34997

Title: VPD ( ) Delete
Name: ZISA, RICHARD
Address: 8846 SE OAK GROVE TERR
City-St-Zip: HOBE SOUND, FL 33455

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:

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: DAVID P. ALDRIDGE TD 04/30/2008

Electronic Signature of Signing Officer or Director — Date