2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# 762308

Entity Name: EGLIN AERO MODELLERS, INC.

Current Principal Place of Business:

111 SLEEPY OAKS RD
C/O RONALD E VAN PUTTE
FT WALTON BCH, FL 32548

New Principal Place of Business:

Current Mailing Address:

111 SLEEPY OAKS RD
FT WALTON BCH, FL 32548 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAN PUTTE, RONALD E
111 SLEEPY OAKS RD
FT WALTON BCH, FL 32548 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:	SD	( ) Delete
Name:	VAN PUTTE, RON	
Address:	111 SLEEPY OAKS RD	
City-St-Zip:	FT. WALTON BEACH, FL 32548	
Title:	PD	( ) Delete
Name:	BROWN, GREG	
Address:	4236 COUGAR CIRCLE	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	TD	( ) Delete
Name:	SHEARER, JOE	
Address:	390 LINCOLN AVE	
City-St-Zip:	VALPARAISO, FL 32580	
Title:	VD	( ) Delete
Name:	SCHRITTER, BOB	
Address:	825 E. MIRACLE STRIP PKWY, #7	
City-St-Zip:	MARY ESTHER, FL 32569	

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 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 VAN PUTTE SD 04/25/2006

Electronic Signature of Signing Officer or Director — Date