2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#762308

FILED Jaņ 1<u>3, 2</u>009 Secretary of State

Entity Name: EGLIN AERO MODELLERS, INC.

Current Principal Place of Business: New Principal Place of Business:

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

New Mailing Address: Current Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VAN PUTTE, RONALD E 111 SLEEPY OAKS RD FT WALTON BCH, FL 32548 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete VAN PUTTE, RON VAN PUTTE, RON SEC Name: Name: 111 SLEEPY OAKS RD Address: 111 SLEEPY OAKS RD Address:

City-St-Zip: FT. WALTON BEACH, FL 32548 City-St-Zip: FT. WALTON BEACH, FL 32548

(X) Change () Addition Title: PD () Delete Title: SCHRITTER, BOB Name: SCHRITTER, BOB PRES Name:

Address: 825 E. MIRACLE STRIP PKWY, #7 Address: 825 E. MIRACLE STRIP PKWY, #7 City-St-Zip: MARY ESTHER, FL 32569 City-St-Zip: MARY ESTHER, FL 32569

Title: () Delete Title: (X) Change () Addition

SHEARER, JOE SHEARER, JOE TREA Name: Name: 390 LINCOLN AVE Address: Address: 390 LINCOLN AVE

City-St-Zip: VALPARAISO, FL 32580 City-St-Zip: VALPARAISO, FL 32580 () Delete Title: VD Title: VD (X) Change () Addition

Name: CLACK, JEFF Name: NOLAN, TIM VICE P Address: 8 HOLLY ROAD Address: 342 CHICAGO AVENUE

City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip: VALPARAISO, FL 32580

Title: () Delete Title: () Change (X) Addition

OWENS, MARK MEM LAR Name: Name: 168 NUN DRIVE Address: Address: City-St-Zip: City-St-Zip: CRESTVIEW, FL 32536

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: RONALD E. VAN PUTTE SD 01/13/2009