2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2011
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
C/O RONALD E VAN PUTTE
FT WALTON BCH, FL 32548

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
Name: VAN PUTTE, RONALD E SEC
Address: 111 SLEEPY OAKS RD
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: PD
Name: HOLDERNESS, MICHAEL PRES
Address: 6286 MAJIC DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: TD
Name: RETHERFORD, CHARLES TREA
Address: 103 MARIMBA STREET
City-St-Zip: MARY ESTHER, FL 32569

Title: VD
Name: CORTNER, PAM VICE P
Address: 34 PARK CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

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

I hereby 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 all other like empowered.

SIGNATURE: RONALD E. VAN PUTTE SD 01/13/2011

Electronic Signature of Signing Officer or Director — Date