2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007136

FILED Apr 15, 2007 Secretary of State

Entity Name: PROPBUSTERS RADIO CONTROL CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 1020 BURRISRIDGE DR LAKELAND, FL 33809 **Current Mailing Address: New Mailing Address:** 1020 BURRISRIDGE DR LAKELAND, FL 33809 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: SMITH, JEFFREY L 1020 BURRISRIDGE DR LAKELAND, FL 33809 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition LESNETT, GLEN Name: Name: 3114 STRAWBERRY LN Address: Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: Title: DV () Delete Title: DV (X) Change () Addition KNIGHT, MICHEL Name: REMSBERG, MIKE Name: Address: 920 SULTON RD. Address: 3060 TOHO ROAD City-St-Zip: LAKELAND, FL 33810 City-St-Zip: SAINT CLOUD, FL 34772 Title: DS () Delete Title: () Change () Addition SMITH, JEFFREY Name: Name: 1020 BURRISRIDGE DR Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: LOGUE, JIMMY Name: 1611 LAKEWOOD RD R Address: Address: LAKELAND, FL 33803 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition SEABO, JIM Name: Name: 106 LEITHA WAY Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: Title: () Delete Title: (X) Change () Addition CALDWELL, ELWOOD BOLIG, ANDY Name: Name: Address: 1406 N. GRACE ST. Address: 6532 CREWS LAKE ROAD LAKELAND, FL 33805 LAKELAND, FL 33813 City-St-Zip: 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: JEFFREY L.SMITH DS 04/15/2007