2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02167

FILED Apr 25, 2006 Secretary of State

Entity Name: ROCKET CITY R/C CLUB OF FLORIDA, INC.

Current Principal Place of Business:

2198 WARNER DRIVE 2863 CHAPELWOOD CT.
CHULOTA, FL 32766 US OVIEDO, FL 32765 US

Current Mailing Address: New Mailing Address:

 2198 WARNER DRIVE
 2863 CHAPELWOOD CT.

 CHULOTA, FL 32766
 US
 OVIEDO, FL 32765
 US

FEI Number: 59-2429401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BOLTON, RUSSELL W JR

1017 WINDING WATERS CIRCLE
WINTER SPRINGS, FL 32708 US

TOMASETTI, THOMAS A
3595 SCOUTOAK LOOP
OVIEDO, FL 32765 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: THOMAS A. TOMASETTI 04/25/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

Title:PD() DeleteTitle:PD(X) Change () AdditionName:BARNETT, BRIANName:SIMMONS, MARCAddress:2198 WARNER DRIVEAddress:2863 CHAPELWOOD CT.

Address: 2198 WARNER DRIVE Address: 2863 CHAPELWOOD CT.
City-St-Zip: CHULUOTA, FL 32766 City-St-Zip: OVIEDO, FL 32765

Title: VD () Delete Title: VD (X) Change () Addition Name: BOLTON, RUSSELL W JR Name: LUSCUSKIE, BART

Address: 1017 WINDING WATERS CIRCLE Address: 872 LAKE HAYES ROAD City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: OVIEDO, FL 32765

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

 Name:
 STALEY, BILL
 Name:
 LUSCUSKIE, MARK

 Address:
 3973 HAYES CIRCLE
 Address:
 872 LAKE HAYES ROAD

 City-St-Zip:
 CASSELBERRY, FL 32709
 City-St-Zip:
 OVIEDO, FL 32765

 Name:
 WILLIAMS, JON
 Name:
 TOMASETTI, THOMAS A

 Address:
 525 WILMINGTON CIRCLE
 Address:
 3595 SCOUTOAK LOOP

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:
 OVIEDO, FL 32765

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: THOMAS A. TOMASETTI TD 04/25/2006