2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002395

Title:

Name:

Address:

City-St-Zip:

MA: 332ND REDITALL ROELVERS IN

FILED May 11, 2008 Secretary of State

Entity Na	me: 332ND RED TAIL RC FLYERS, INC.			
Current Principal Place of Business:		New Principal Place	of Business:	
	/ 19 AVENUE RDENS, FL 33056			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	/ 19 AVENUE RDENS, FL 33056			
	: 56-2442766 FEI Number Applied For () ace with s. 607.193(2)(b), F.S., the corporation did not	FEI Number Not Applicable () receive the prior notice.	Certificate of Status Desired (X)	
Name and	l Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
20553 NW	Y, HELENA M / 19 AVENUE RDENS, FL 33056 US			
	e named entity submits this statement for the po e of Florida.	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete GRANT, GLEN 520 SW 63 TERRACE MARGATE, FL 33026	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete DWYER, CARLTON 1830 SW 119 TERRACE MIRAMAR, FL 33025	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () Delete PRESSLEY, HELENA M 20553 NW 19 AVENUE MIAMI GARDENS, FL 33056	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	O () Delete ROPER, BASIL 132 MIAMI GARDENS ROAD PEMBROKE PARK, FL 33023	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HELENA M PRESSLEY ST 05/11/2008

() Delete

KIPNESS, STEW

9381 NW 18TH DRIVE

PLANTATION, FL 33322

() Change () Addition