## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008025

FILED Mar 29, 2007 Secretary of State

Entity Name: INTERNATIONAL FEDERATION OF AIR LINE DISPATCHERS' ASSOCIATIONS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 12370 SW 22ND LANE MIAMI, FL 33175 **Current Mailing Address: New Mailing Address:** 12370 SW 22ND LANE MIAMI, FL 33175 FEI Number: 25-1555494 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: MILLER, BROOKS C 1690 WACHOVIA FINANCIAL CENTER 200 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131 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: () Delete () Change () Addition ROSSMORE, ALLAN Name: Name: 12370 SW 22ND LANE Address: Address: City-St-Zip: MIAMI, FL 33175 City-St-Zip: Title: Title: ( ) Delete () Change () Addition SANDZIUK, ADRIAN Name: Name: Address: 815 MAPLE AVE Address: City-St-Zip: MILTON ONTARIO L9T3N3, City-St-Zip: Title: () Delete Title: () Change () Addition ROGL, PETER Name: Name: JOSEF GALLGASSE 5/10 Address: Address: City-St-Zip: 1020 VIENNA, AUSTRIA, City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition KETCHERSID, RICK KETCHERSID, RICK Name: Name: Address: OFALDA - P.O. BOX 1202 Address: IFALDA - P.O. BOX 1202 City-St-Zip: RED OAK, RX 751541202 City-St-Zip: RED OAK, RX 751541202

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: ALLAN ROSSMORE P/D 03/29/2007