

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 08, 2005 8:00 am
Secretary of State**

04-08-2005 90071 026 ****61.25

DOCUMENT # N06171		
1. Entity Name THE R/C WORLD FLYERS, INC.		

Principal Place of Business BOX 10900 INSIDE LOOP ORLANDO, FL 32825 US		Mailing Address BOX 10900 INSIDE LOOP ORLANDO, FL 32825 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02252005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2461676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOCKWOOD, HARRY J. JR. 10921 FAIR HAVEN WAY ORLANDO, FL 32825		Name JASON BAUER Street Address (P.O. Box Number is Not Acceptable) 1488 Anna Catherine Dr	
		City ORLANDO FL 32828	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLLAND, NORMAN 1201 WILLOWBROOK TRL MAITLAND, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ARNOLD MARCUS 614 TUTEW TRL ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOCKWOOD, HARRY J. JR. 10921 FAIR HAVEN WAY ORLANDO, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input type="checkbox"/> Addition Jason T. Bauer 1488 Anna Catherine Dr Orlando, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IANNUZZI, JIM 1444 SKYBOLT CT ORLANDO, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANUEL, GEORGE 1350 STEARMAN CT ORLANDO, FL 32825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition VALENTINE, ROBERT 16223 Willowmace Ct ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jason T. Bauer* **3-1-2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #