

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29486

FILED
Mar 15, 2006
Secretary of State

Entity Name: SANFORD AERO MODELERS INC.

Current Principal Place of Business:

C/O ROBERT LEE DARGUE
522 FULLER AVENUE
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT LEE DARGUE
522 FULLER AVENUE
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARGUE, ROBERT LEE
522 FULLER AVENUE
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: DARGUE, ROBERT LEE,
Address: 522 FULLER AVENUE
City-St-Zip: DELTONA, FL 32725 US

Title: D () Delete
Name: MULLIGAN, GEORGE,
Address: 505ROYAL TREE LANE
City-St-Zip: OVIEDO, FL 32765 US

Title: D () Delete
Name: THOMSON, ROBERT,
Address: 165 N. CLYDE AVENUE
City-St-Zip: LONGWOOD, FL 32750 US

Title: VP () Delete
Name: SPAIN, PHILL,
Address: 106 VENTURA DRIVE
City-St-Zip: SANFORD, FL 32773 US

Title: D () Delete
Name: DEGROOD, MICHAEL,
Address: 3328 OAKMONT TERRACE
City-St-Zip: LONGWOOD, FL 32779 US

Title: D () Delete
Name: HANNAH, DEREK,
Address: 134 SPRINGHURST CIRCLE
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DARGUE, ROBERT LEE

D

03/15/2006

Electronic Signature of Signing Officer or Director

Date