2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30874

FILED Apr 28, 2007 Secretary of State

Entity Name: HELICOPTER REUNION ALUMNI ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

938 SATSUMA CIRCLE 938 SATSUMA CIRCLE SWITZERLAND, FL 32259 US ST. JOHNS, FL 32259 US

Current Mailing Address: New Mailing Address:

938 SATSUMA CIRCLE SWITZERLAND, FL 32259 US 938 SATSUMA CIRCLE ST. JOHNS, FL 32259 US

FEI Number: 59-2951555 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:

HOFFAY, EARL E MR.
938 SATSUMA CIRCLE..
SWITZERLAND, FL 32259 US
HOFFAY, EARL E MR.
938 SATSUMA CIRCLE..
ST. JOHNS, FL 32259 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: 04/28/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: VD () Delete Title: VD (X) Change () Addition

 Name:
 HOFFAY, EARL E
 Name:
 HOFFAY, EARL E

 Address:
 938 SATSUMA CIR.
 Address:
 938 SATSUMA CIR.

 City-St-Zip:
 SWITZERLAND, FL 32259
 City-St-Zip:
 ST. JOHNS, FL 32259

Title: STD () Delete Title: STD (X) Change () Addition Name: BELLEMARE, COLEEN Name: HENDERSON, ANN

Address: 6001 STILL RUN DR Address: 958 SATSUMA CIRCLE
City-St-Zip: GREENSBORO, NC 27455 City-St-Zip: ST. JOHNS, FL 32259

 $\label{eq:title:pd} \mbox{Title:} \qquad \mbox{PD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{PD} \qquad \mbox{(X) Change () Addition}$

 Name:
 BELLEMARE, DON
 Name:
 HENDERSON, STEVE

 Address:
 6001 STILL RUN DRIVE
 Address:
 958 SATSUMA CIRCLE

 City-St-Zip:
 GREENSBORO, NC 27455
 City-St-Zip:
 ST. JOHNS, FL 32259

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.

SIGNATURE: EARL E HOFFAY VD 04/28/2007