


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90086 004 ****61.25

DOCUMENT # N51159	
1. Entity Name	
R/C FLIERS OF VENICE, INC.	

Principal Place of Business	Mailing Address
1246 N. INDIES CIR VENICE FL 34285	1246 N. INDIES CIR VENICE FL 34285

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0385887	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
KELLY, MIKE 1448 STRADA D'ANGENTO VENICE FL 34292

7. Name and Address of New Registered Agent
Name <u>TYSON, HAROLD</u>
Street Address (P.O. Box Number is Not Acceptable)
<u>215 NATURES WAY</u>
City <u>NORTH PORT</u> FL <u>34287</u>

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 <u>Harold E. Tyson</u>	DATE <u>2-13-06</u>
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SHICK, FRANK
STREET ADDRESS	2841 COLONADE LANE
CITY-ST-ZIP	NORTH PORT FL 34286
TITLE	T <input type="checkbox"/> Delete
NAME	USSERY, LLOYD
STREET ADDRESS	1246 N. INDIES CIR.
CITY-ST-ZIP	VENICE FL 34285
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	KELLY, MIKE
STREET ADDRESS	1448 STRADA D'ANGENTO
CITY-ST-ZIP	VENICE FL 34292
TITLE	D <input type="checkbox"/> Delete
NAME	WORRELL, JACK
STREET ADDRESS	762 EGRET WALK LANE
CITY-ST-ZIP	VENICE FL 34292
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	FEINER, ELLIOTT
STREET ADDRESS	473 BUTTONBUSH LANE
CITY-ST-ZIP	VENICE FL 34293
TITLE	D <input type="checkbox"/> Delete
NAME	SHAPIRO, BOB
STREET ADDRESS	4427 POMPANO RD
CITY-ST-ZIP	VENICE FL 34293

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHICK, FRANK
STREET ADDRESS	2841 COLONADE LANE
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYSON, HAROLD
STREET ADDRESS	215 NATURES WAY
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARPE, JOHN
STREET ADDRESS	696 LAKE SCENE
CITY-ST-ZIP	VENICE, FL 34293
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, JACK
STREET ADDRESS	211 NATURES WAY
CITY-ST-ZIP	NORTH PORT FL 34287

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.	
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SIGNATURE: Harold E. Tyson

2-13-06