


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90061 022 ****61.25

DOCUMENT # N51159			
1. Entity Name R/C FLIERS OF VENICE, INC.			
Principal Place of Business 1246 N. INDIES CIR VENICE FL 34285		Mailing Address 1246 N. INDIES CIR VENICE FL 34285	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 65-0385887	Applied For <input type="checkbox"/> 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	
TYSON, HAROLD 215 NATURES WAY NORTH PORT FL 34287		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHICK, FRANK			NAME			
STREET ADDRESS	2841 COLONADE LANE			STREET ADDRESS			
CITY ST ZIP	NORTH PORT FL 34286			CITY ST ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	USSERY, LLOYD			NAME			
STREET ADDRESS	1246 N. INDIES CIR.			STREET ADDRESS			
CITY ST ZIP	VENICE FL 34285			CITY ST ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TYSON, HAROLD			NAME			
STREET ADDRESS	215 NATURES WAY			STREET ADDRESS			
CITY ST ZIP	NORTH PORT FL 34287			CITY ST ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WORRELL, JACK			NAME	FOUTZ, BOB		
STREET ADDRESS	762 EGRET WALK LANE			STREET ADDRESS	504 WANDA PLACE		
CITY ST ZIP	VENICE FL 34292			CITY ST ZIP	NOKOMIS, FL. 34275		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARPE, JOHN			NAME	CORMIER, PAUL		
STREET ADDRESS	696 LAKE SCENE			STREET ADDRESS	688 LAKE SCENE DRIVE		
CITY ST ZIP	VENICE FL 34293			CITY ST ZIP	VENICE, FL. 34293		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHAPIRO, BOB			NAME	BUTLER, JACK		
STREET ADDRESS	4427 POMPANO RD			STREET ADDRESS	211 NATURES WAY		
CITY ST ZIP	VENICE FL 34293			CITY ST ZIP	NORTH PORT, NY. 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.

SIGNATURE: Harold E. Tyson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR