2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003075

Entity Name: VRB HANGARS, INC.

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3001 FLIGHT SAFETY DR VERO BEACH, FL 32960 **Current Mailing Address: New Mailing Address:** 3001 FLIGHT SAFETY DR VERO BEACH, FL 32960 FEI Number: 65-0775328 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: FOX, ROBERT B 3001 FLIGHT SAFETY DR. VERO BEACH, FL 32960 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FOX, ROBERT B Name: Name: 2031 VALENCIA AVE Address: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: PD Title: () Delete () Change () Addition Name: ESTES, CODY Name: Address: 3705 20TH ST Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: () Delete Title: () Change () Addition RAUDENBUSH, ERNEST Name: Name: Address: 2756 51ST AVE Address: City-St-Zip: VERO BEACH, FL 32966 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BRANAND, MICHAEL Name: Address: 6740 NORTH AIA Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: Title: () Delete Title: () Change () Addition HATCH, FLETCHER A Name: Name: 1607 W SANDPOINTE PL Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip:

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: ROBERT B. FOX SD 01/12/2009