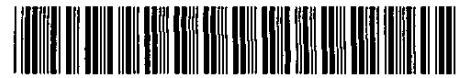


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90039 040 ****61.25

DOCUMENT # N02000002008			
1. Entity Name THE RUSTIC FORWARD AIR CONTROLLER ASSOCIATION, INC.			
Principal Place of Business 4033 INDIAN TRAIL DR DESTIN FL 32541		Mailing Address 4033 INDIAN TRAIL DR DESTIN FL 32541	
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 43-1964689		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	
NEWLAND, CLAUDE G 4033 INDIAN TRAIL DR DESTIN FL 32541		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 registering)

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 NAME STREET ADDRESS CITY ST ZIP	PRES NEWLAND, CLAUDE G 4033 INDIAN TRAIL DR DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP THOMPSON, JOHN W 2617 WOODFIELD WAY BEDFORD TX 76021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SEC HAMANN, ROGER J 295 LAINE RD GREENE ME 04236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TREA ELLIS, DONALD L 235 GLENWOOD DR MANNING SC 29102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26 E. Boyce St. MANNING, SC 29106
TITLE NAME STREET ADDRESS CITY ST ZIP	DIR. AITKEN, DOUGLAS B 1006 S. WELLSBERG-ST APEX NC 27502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 42 OXTON CIRCLE PINEHURST, NC 28374
TITLE NAME STREET ADDRESS CITY ST ZIP	DIR. DANDENEAU, RONALD J 7775 DRURER COURT SPRINGFIELD VA 23454-1941 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Claude G. Newland CLAUDE G. NEWLAND 1/21/07 850-654-2955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #