

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152157

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: EASA INC.

## Current Principal Place of Business:

3111 WEST DR MARTIN LEUTHER KING BLVD  
LAKEPOINTE II BLDG, SUITE 1000  
TAMPA, FL 33607 US

## New Principal Place of Business:

3111 WEST DR MARTIN LUTHER KING BLVD  
LAKEPOINTE II BLDG, SUITE 1000  
TAMPA, FL 33607 US

## Current Mailing Address:

40 NORTH AVE  
BURLINGTON, MA 01803

## New Mailing Address:

FEI Number: 33-1126730      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE STE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: DEWHURST, SEBASTIAN DR  
Address: 2411 VALRICO DRIVE  
City-St-Zip: VALRICO, FL 33594 US

Title: DIR ( ) Delete  
Name: BOURGEOIS, OLIVIER MR  
Address: 40 NORTH AVE  
City-St-Zip: BURLINGTON, MA 01803 US

Title: DIR ( ) Delete  
Name: FORSTER, RALPH N MR  
Address: 40 NORTH AVE  
City-St-Zip: BURLINGTON, MA 01803 US

Title: DIR ( ) Delete  
Name: POWERS, DENNIS MR  
Address: 40 NORTH AVE  
City-St-Zip: BURLINGTON, MA 01803 US

Title: DIR ( ) Delete  
Name: AIRD, PETER MR  
Address: 40 NORTH AVE  
City-St-Zip: BURLINGTON, MA 01803 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: DEWHURST, SEBASTIAN DR  
Address: 12722 MANNHURST OAK LANE  
City-St-Zip: LITHIA, FL 33547 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. SEBASTIAN DEWHURST

PRES

04/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date