2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# 701571

Entity Name: CHAPTER 37, EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.

Current Principal Place of Business:

C/O JOHN D.MC DONALD
1350 N.E. 153 ST
NO.MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

C/O JOHN D.MC DONALD
1350 N.E.153 ST
NO. MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 73-6504737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MC DONALD, JOHN D
1350 N.E. 153 ST
NO MIAMI BEACH, FL 33162 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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MCDONALD, JOHN	
Address:	1350 NE 153 STREET	
City-St-Zip:	MIAMI, FL 33162	
Title:	D	( ) Delete
Name:	MARTILLA, RISTO	
Address:	2045 NW 191 TERRACE	
City-St-Zip:	OPA LOCKA, FL 33056	
Title:	V	( ) Delete
Name:	SMITH, JAMES H	
Address:	7930 BISCAYNE PT CIRCLE	
City-St-Zip:	MIAMI BEACH, FL 33141	
Title:	T	( ) Delete
Name:	SANTANA, ERNESTO	
Address:	11045 SW 42ND TR	
City-St-Zip:	MIAMI, FL 33165	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOHN D. MC DONALD PD 04/17/2006

Electronic Signature of Signing Officer or Director — Date