


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-26-2007 90049 029 ****61.25

DOCUMENT # 709770	
1. Entity Name FORT MYERS POWER SQUADRON, INC.	

Principal Place of Business 3145 ROYALSTON AVE P.O. BOX 632 FORT MYERS, FL 33902 US	Mailing Address P. O. BOX 632 FORT MYERS, FL 33902-0632 US
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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

02042007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6159623	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARTZ, BARBARA W 4312 S CANAL CN INDIALANTIC, FL 32903		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 Barbara W Hartz, Barbara W Hartz Treasurer 2/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25 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	C GUNN, SHEILA M 4608 W COREL CIR WEST PALM BEACH, FL 33403 <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	DEO BURT, THOMAS L 7811 SANDY JUAN BLVD STE 100 FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEO Schmidt, Ted <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2008 SE 26th Terr. Cape Coral, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DED MORGAN, DAVID J 5551 ADAM DRIVE NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DED Heck, Robert J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9471 Palm Island Cir. N. Fort Myers FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAO SCHMIDT, TED 2008 JE 26TH TERR CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAO Howard Sherman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2102 Aruba Ave Fort Myers FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOUIS, ROBERT W 3017 13TH ST W LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Heck, Lorraine <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9471 Palm Island Cir N Fort Myers FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARTZ, BARBARA W 4312 S CANAL CIR NORTH FORT MYERS, FL 33903 <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 Chapter 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: Barbara W Hartz, Barbara W Hartz 2/22/07 239 652 0721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #