


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90277 031 ****61.25

DOCUMENT # 713357	
1. Entity Name EXPERIMENTAL AIRCRAFT ASSOCIATION, INC., CHAPTER 66	

Principal Place of Business 6740 CHEROKEE AVE. FORT MYERS, FL 33905 US	Mailing Address 6740 CHEROKEE AVE. FORT MYERS, FL 33905 US
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2. Principal Place of Business 10816 Landing View Dr.	3. Mailing Address 19108 Coconut Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State FT. MYERS, FL	City & State FT. MYERS, FL
Zip 33912	Country US



03012005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0242894		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 HAAS, ROBERT 6740 CHEROKEE AVENUE FORT MYERS, FL 33905		7. Name and Address of New Registered Agent Name Paul Yocum, Paul Street Address (P.O. Box Number is Not Acceptable) 19108 Coconut Rd. City FT. MYERS FL Zip Code 33912

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 Paul E. Yocum Paul E. Yocum President 4-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	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	DP HAAS, ROBERT 6740 CHEROKEE AVE. FORT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Yocum, Paul 19108 Coconut Rd. Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCCLAIN, JIM 311 SE 46TH LA. CAPE CORAL, FL 33904 <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	DS JENKINS, DOUGLAS 4927 SW 8TH AVE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARPENTER, Bruce 1916 SE 11TH TERRACE CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARTIN, ROBERT C P.O. BOX 50237 FT MYERS, FL 33994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SLOSS, CLAIR 15030 Bonaventure Circle FT. MYERS, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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 exemption stated in Section 119.07(3)(i), 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: Paul E. Yocum Paul E. Yocum 4-21-05 239-267-7480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #