2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006
Secretary of State

DOCUMENT# 713357

Entity Name: EXPERIMENTAL AIRCRAFT ASSOCIATION, INC., CHAPTER 66

Current Principal Place of Business:

10816 LANDING VIEW DR
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

19108 COCONUT RD
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 65-0242894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

YOCUM, PAUL
19108 COCONUT RD
FORT MYERS, FL 33912 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: DP ( ) Delete
Name: YOCUM, PAUL
Address: 19108 COCONUT RD
City-St-Zip: FORT MYERS, FL 33912 US

Title: DV ( ) Delete
Name: MCCLAIN, JIM
Address: 311 SE 46TH LA.
City-St-Zip: CAPE CORAL, FL 33904

Title: DS ( ) Delete
Name: CARPENTER, BRUCE
Address: 1916 SE 11TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: DT ( ) Delete
Name: SLOSS, CLAIR
Address: 15030 BONOIVE CIRCLE
City-St-Zip: FORT MYERS, FL 33908

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: BRUCE CARPENTER DS 05/08/2006
Electronic Signature of Signing Officer or Director — Date