


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90227 011 ****61.25

DOCUMENT # 739136 1. Entity Name MILITARY OFFICERS ASSOCIATION OF AMERICA - BROWARD COUNTY CHAPTER, INC.	
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Principal Place of Business BROWARD COUNTY BROWARD COUNTY, FL	Mailing Address P.O. BOX 8552 BOCA RATON, FL 33433 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 8552 Suite, Apt. #, etc.
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City & State DEERFIELD BEACH, FL	City & State DEERFIELD BEACH, FL
Zip 33443	Country USA



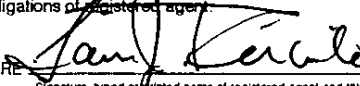
04282006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent COLEMAN, ROBERT E 461 SE 9TH AVE. POMPANO BEACH, FL 33060	
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4. FEI Number 65-0225164	Applied For <input type="checkbox"/> Not Applicable
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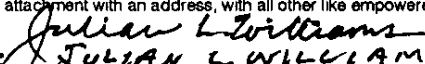
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name SAM J. TRICHLO Street Address (P.O. Box Number is Not Acceptable) 10924 NW 41 DRIVE City CORAL SPRINGS FL Zip Code 33065	
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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 	SAM J. TRICHLO - PRESIDENT	DATE 4/28/06

Filing Fee is \$61.25 Due by May 1, 2006	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	PD COLEMAN, ROBERT E 461 SE 9TH AVE. POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D TRICHLO, SAM J 10924 NW 41 DRIVE CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD TRICHLO, SAM J 10924 NW 44 STREET DRIVE CORAL SPRINGS, FL 33065 <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	2VPD VIGO, SAMUEL 12931 SW 49TH COURT MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP/D KLEIN, HARRIS 16336 AM 11 STREET PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VD KARR, GUY A. 1012N OCENN BLVD POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP/D Fitzgerald, Thomas A. 200 S. BIRCH ROAD FT. LAUDERDALE, FL 33346 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAM, JULIAN L 658 VILLAGE DR. POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, JULIAN L 658 VILLAGE DR. POMPANO BEACH, FL 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDZ RADOY, CHARLES H 1150 HILLSBORO MILE # 703 HILLSBORO BEACH, FL 33062 <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  JULIAN L. WILLIAMS, SECRETARY	DATE 4/28/06 DAYTIME PHONE # 954.942.3556