2006 NOT-FOR-PROFIT CORPORATION ----- ANNUAL REPORT (AR)

Feb 20, 2006 08:00 AM Secretary of State **DOCUMENT # 740474** 1. Entity Name FLORIDA MILITARY AVIATION MUSEUM, INC. Principal Place of Business Mailing Address 3065 HWY 17 S FT MEADE FL 33841 US P O BOX 891 WAUCHULA FL 33873 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E037 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 59-1772317 Not Applicat Z≀o Cauntry Žio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRAUCHLER, BEN H Street Address (P.O. Box Number is Not Acceptable) 2201 BOYD COWART RD WAUCHULA FL 33873 Zip Cade City 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 access the obligations of registered agent. SIGNATURE Signature: typed or printed name of registmed agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61,25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD DDE ☐ Delete Bitt ☐ Chaone ☐ Addition BRAUCHLER, PHILIP J MAME NAME U00000439388 STREET ADDRESS 2201 BOYD COWART RD STREET ADURESS 03/02/06:800**23-008** 6**1.25** CITY-ST-ZIP WAUCHULA FL 33873 CHY-SI-AP VPD TITLE Defete ☐ Change TITLE III Ad∂™ BRAUCHLER, BEN H NAME NAME 2201 BOYD COWART RD STREET ADDRESS STREET ADDRESS WAUCHULA FL 33873 CITY-SI-ZIP CITY - ST-ZIP TITLE ☐ Delete HIEE ☐ Change ☐ AACC MAM JOHNSON, MICHAEL NAME STREET ADDRESS 6187 NW 167TH ST. UNIT H-18 STREET ADDRESS City-ST-ZIP MIAMI LAKES FL 33015 CHTY - ST- 21P TITLE ☐ Delete THILE ☐ Change ☐ Addition NAME SHEHWIN, BRIAN NAME STREET ACORESS 718-37TH AVE, NE STREET ADDRESS CAY-ST-ZIP ST PETERSBURG FL CHY-SI-Z@ Detete 71712 DELE ☐ Change T Addition NAME NAMŁ STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-21P Delete TATLE TITLE [7] Change ☐ A6.... NAME. NAME STREET ADDRESS STREET ADDRESS CKTY - ST - ZIP LITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED