

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752999

FILED
Apr 28, 2008
Secretary of State

Entity Name: EXPERIMENTAL AIRCRAFT ASSOCIATION, CHAPTER 133, INC.

Current Principal Place of Business:

2261 NE 44TH STREET
LIGHTHOUSE POINT, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

2261 NE 44TH STREET
LIGHTHOUSE POINT, FL 33064 US

New Mailing Address:

FEI Number: 59-2311668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, MARK E
2261 NE 44TH STREET
LIGHTHOUSE POINT, FL 33064 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: PD () Delete
Name: EDHLUND, PAUL
Address: 5332 NW 122ND DRIVE
City-St-Zip: CORAL SPRINGS, FL 330713629 US

Title: SD () Delete
Name: DOHM, PETER
Address: 55 SW 2ND AVE # 208
City-St-Zip: BOCA RATON, FL 334324747 US

Title: ED () Delete
Name: SCROGGINS, JAMES
Address: 6245 FLAGLER ST
City-St-Zip: HOLLYWOOD, FL 33023 US

Title: TD () Delete
Name: BARBER, MARK
Address: 2261 NE 44TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 330647339 US

Title: VPD () Delete
Name: MUSAL, MUSAL
Address: 9068 VINEYARD LAKE DRIVE
City-St-Zip: PLANTATION, FL 333246133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PIFER, BOB
Address: 2099 NW 126 AVE
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CAHILL, RICHARD
Address: 3248 NE 28 AVE
City-St-Zip: LIGHTHOUSE POINT, FL 330648510 US

I hereby certify that the information supplied with this filing does not qualify 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: MARK BARBER

TD

04/28/2008

Electronic Signature of Signing Officer or Director

Date