2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 17, 2005
Secretary of State

DOCUMENT# J92526

Entity Name: EAGLE SQUADRON, INC.

Current Principal Place of Business:

C/O THOMAS L WILSON
P O BOX 310107
TAMPA, FL 336807107

New Principal Place of Business:

Current Mailing Address:

C/O THOMAS L WILSON
P O BOX 310107
TAMPA, FL 336807107

New Mailing Address:

FEI Number: 59-2856506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, THOMAS L
5650 BRECKENRIDGE DRIVE
SUITE 110
TAMPA, FL 33610 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: THOMAS L WILSON
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: WILSON, THOMAS L.,
Address: 5650 BRECKENRIDGE DR 110
City-St-Zip: TAMPA, FL

Title: PD ( ) Delete
Name: MCLAMORE, WHIT
Address: 4227 BEACHWAY DRIVE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: RUNGE, DAN
Address: 5116 SYLVAN OAKS DRIVE
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L WILSON SD 11/17/2005
Electronic Signature of Signing Officer or Director — Date