## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007191

FILED Feb 11, 2006 Secretary of State

Entity Name: OLD ANTARCTIC EXPLORERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 4615 BALMORAL DR. PENSACOLA, FL 32504 **Current Mailing Address: New Mailing Address:** 4615 BALMORAL DR. PENSACOLA, FL 32504 FEI Number: 95-3675775 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'CONNELL, JAMES H 4615 BALMÓRAL DR. PENSACOLA, FL 32504 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WEST, JOHN L Name: Name: Address: 201 N. BRADFORD ST Address: City-St-Zip: SEAFORD, DE 19973 City-St-Zip: ( ) Delete Title: DST Title: () Change () Addition O'CONNELL, JAMES H Name: Name: Address: 4615 BALMORAL DR. Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: () Delete Title: () Change () Addition STORM, HENRY J Name: Name: 10087 LAKESIDE DRIVE Address: Address: City-St-Zip: WHITE LAKE, MI 48386 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: JAMES H O'CONNELL DST 02/11/2006