2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007191

FILED Apr 09, 2008 Secretary of State

Entity Nar	me: OLD ANT	ARCTIC EXPLORERS ASSO	CIATION, INC.		
Current Principal Place of Business:			New Principal Place of Business:		
	MORAL DR. DLA, FL 32504				
Current Mailing Address:			New Mailing Address:		
	MORAL DR. DLA, 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	Name and Address of New Registered Agent:	
4615 BALN	LL, JAMES H MORAL DR. DLA, FL 32504	US			
The above in the State	named entity see of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () WEST, JOHN L 7945 SHANTUN SANTEE, CA 9	IG DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST () O'CONNELL, JA 4615 BALMORA PENSACOLA, F	AL DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () STORM, HENR 10087 LAKESII WHITE LAKE, N	DE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JAMES H OCONNELL SECR 04/09/2008