## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004320

FILED Mar 23, 2006 Secretary of State

Entity Name: NAVAL ENLISTED BOMBARDIER/NAVIGATORS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 214 S. ALBANY AVE 243 FRASER ROAD TAMPA, FL 336061713 US DEBARY, FL 32713 **Current Mailing Address: New Mailing Address:** P.O. BOX 530447 214 S. ALBANY AVE TAMPA, FL 336061713 DEBARY, FL 32753 FEI Number: 61-1471642 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PIERCE, DONALD W ANDERSON, JAMES H 214 S. ALBANY AVE 243 FRASER ROAD TAMPA, FL 336061713 US DEBARY, FL 32713 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: JAMES H. ANDERSON 03/23/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MARTIN, RICHARD Name: Name: 117 N SUNLAND DR Address: Address: City-St-Zip: SANFORD, FL 32773 City-St-Zip: Title: DS Title: ( ) Delete () Change () Addition NOTO, CARL D Name: Name: Address: 7316 ARROWHEAD RUN Address: City-St-Zip: BRADENTON, FL 34202 City-St-Zip: Title: () Delete Title: () Change () Addition LINDT, JIMMIE L Name: Name: 13083 CONCORD DR W Address: Address: City-St-Zip: LILLIAN, AL 36549 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: BEERS, GEORGE E Name: Address: 506 HERRERA CT Address: City-St-Zip: LADY LAKE, FL 32159 City-St-Zip: Title: () Delete Title: () Change () Addition MUSGROVE, WAYNE Name: Name: 31 CRANE PARK Address: Address: HATTIESBURG, MS 394028249 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition PIERCE, DONALD W PIERCE, DONALD W Name: Name: Address: 214 S ALBANY AVE Address: 214 S ALBANY AVE TAMPA, FL 33606 TAMPA, FL 33606 City-St-Zip: 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. ANDERSON PRES 03/23/2006