## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## May 26, 2006 8:00 am Secretary of State **DOCUMENT # N05000006568** 05-26-2006 90016 044 \*\*\*\*70.00 UMATILLA EAGLES AERIE #4491 INC. Principal Place of Business Mailing Address **40 S KENTUCKY** 40 S KENTUCKY 50019807 TMATILLA, FL 32784 TMATILLA, FL 32784 3. Mailing Address 2. Principal Place of Business 911 NORTH CENTRAL AND 911 NORTH CENTRAL Suite, Apt. #, etc. Suite, Apt. #, etc. 05242006 CR2E037 (4/06) Chg-NP City & State UMATILLA Applied For 4. FEI Number City & State FL. UMATILLA 20-2966170 Not Applicable \$8.75 Additional Country LANE 5. Certificate of Status Desired 32784 LAKE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUELLER JOHN MUELLER, JOHN Street Address (P.O. Box Number is Not Acceptable) 40 S KENTUCKY TMATILLA, FL 32784 KENTUCK Fl. UMATILLA 8. 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. I am familiar with, and accept of registered agent and title if applicable. 9. Election Campaign Financing Filing Fee is:\$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by September 6, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Defete MLE Change ☐ Addition NAME MUELLER, JOHN NAME STREET ADDRESS 40 S KENTUCKY STREET ADDRESS CITY-ST-ZIP UMATILLA, FL 32784 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PETERSEN, EDWIN NAME NAME STREET ADDRESS PO BOX 2116 STREET ADDRESS CITY-ST-ZIP UMATILLA, FL 32784 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RATLIFF, HERMAN NAME NAME STREET ADDRESS 17845 FLA, ST. STREET ADDRESS CITY-ST-ZIP UMATILLA, FL 32784 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition BARILLA, GIOVANNI NAME NAME STREET ADDRESS 16860 SE 249 TERR STREET ADDRESS UMATILLA, FL 32784 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Channe ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. JOHN MUELLERO to Muelle SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

NOTE - CITY IS UMATILLA