
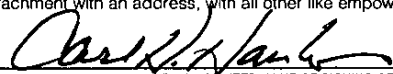


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90027 017 \*\*\*\*61.25

<b>DOCUMENT # N06000004641</b> 1. Entity Name <b>MUSEUM OF MILITARY MEMORABILIA, INC.</b>					
Principal Place of Business <b>4805 ASTON GARDENS WAY, C-202 NAPLES, FL 34109</b>			Mailing Address <b>4805 ASTON GARDENS WAY, C-202 NAPLES, FL 34109</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04032007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>76-0828061</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>HAUBER, CARL H 4805 ASTON GARDENS WAY, C-202 NAPLES, FL 34109</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUBER, CARL H <input type="checkbox"/> Delete 4805 ASTON GARDENS WAY, C-202 NAPLES, FL 34109		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hauber, Carl H. 4805 Aston Gardens Way, C202 Naples, FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUBER, R. WANDA <input type="checkbox"/> Delete 4805 ASTON GARDENS WAY, C-202 NAPLES, FL 34109		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hauber, R. Wanda 4805 Aston Gardens Way, C202 Naples, FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition McDonald, Robert D. 17484 Huanca Y Lane Punta Gorda, FL 33955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Prier, Clyde 458 Laurel Ave. N.W Port Charlotte, FL 33952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Babcock, George G. 436 Bentley Drive West Naples, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Radley, Patrick A. 3870 Central Ave. #207 Ft Myers, FL 33901	
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.					
<b>SIGNATURE:</b>  <b>Carl H. Hauber</b> 4/3/07 (239) 598-1916 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					