2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # N09460 1. Entity Name 503RD PARACHUTE REGIMENTAL COMBAT TEAM ASSOCIATION, WORLD WAR II, INC. Principal Place of Business 518 ONE CENTER BLVD. APT 112 ALTAMONTE SPRINGS FL 32701 US ALTAMONTE SPRINGS FL 32701 US

FILED Feb 27, 2006 8:00 am Secretary of State

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518 ONE CENTER BLVD. APT 112 ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 Suite. Apt. #, etc. 3. Majling Address 3.4 G.R.D.E.N. PM. L. CT. Suite. Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State IN G.L.S. FL. City & State IN G.L.S. FL. Country S.
2. Principal Place of Business 3.4 G.R.D.E.N. In B.L.C.T. Suite. Apt. #. etc. City & State 1.1.
Suite, Apt. #, etc. Suite, Ap
Suite, Apt. #, etc. Suite, Ap
City & State INGLIS
NGLIS FL INGLIS FL Sep-2536280 Not Applicable
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHARLES E. BREIT Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE: NOW: FEE: IS \$61.25 DILIE: BY, May, 1, 2006 P. Election Campaign Financing Trust Fund Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP LAGUNA HILLS CA 92653 DATE 7. Name and Address of New Registered Agent Fee Required Fee Required Fee Required Fee Required Fee Required F. Name CHARLES E. BREIT Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 34 GR R DEN MAIL CT. City ING L IS Street Address (P.O. Box Number is Not Acceptable) 34 GR R DEN MAIL CT. City ING L IS FL Zip Code 3 4449 DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAGUNA HILLS CA 92653 STREET ADDRESS CITY-ST-ZIP LAGUNA HILLS CA 92653
LINTON, MAURICE S. 518 ONE CENTER BLVD. APT 112 ALTAMONTE SPRINGS FL 32701 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 Significe, typic or printed name of registered agent and title il supplicable (NOTE: Registered Agent signature required when reinstating) DATE
LINTON, MAURICE S. 518 ONE CENTER BLVD. APT 112 ALTAMONTE SPRINGS FL 32701 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE Signature Signature FILE: NOW: FEE: IS \$61:25 Due: By, May: 1, 12006 Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. Due: By, May: 1, 12006 Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME PITENGER, JACK L. SIRRET ADDRESS CITY-ST-ZIP LAGUNA HILLS CA 92653 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acc
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 34 GRDFN MALL CT. City INGLIS FL Zip Code 3 4444 9 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, on/both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE PITENGER, SAND DIRECTORS SIGNATURE SIRETA ADDRESS SIGNATURE SIRETA ADDRESS SIGNATURE SIRETA ADDRESS SIR ADDR
APT 112 ALTAMONTE SPRINGS FL 32701 34 GRRDEN MALL CT. City INGLIS FL Zip Code 3 44449 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 Signifure, types or printed right and lifted it applicable. (NOTE: Registered Agent signature required when remissioning) DATE PRESIDENT (NOTE: Registered Agent signature required when remissioning) DATE PLE: NOW: FEE: IS \$61:25 9. Election Campaign Financing Trust Fund Contribution. Die: By May: 1, 2006; Trust Fund Contribution. DEFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILLE NAME PITENGER, JACK L STREET ADDRESS CITY ST-ZIP LAGUNA HILLS CA 92653 CITY-ST-ZIP LAGUNA HILLS CA 92653 PL 22ip Code 9 A4449 Make Check: Payable to 2 Addition Change Addition CHARLES E. DREIT 3,4 GARDEN MP-1 CT, LNG L/S, FL, 34449
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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 Stephure, types or printed registered agent and title if supplicable PIEE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees Florida Department of State Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PITENGER, JACK L STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAGUNA HILLS CA 92653 CITY-ST-ZIP LAGUNA HILLS CA 92653
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signoure, typind or printed name of registered agent and title if subplicable (NOTE: Registered Agent signature required when reinstaining) PILE: NOW: FEE: IS: \$61:25
SIGNATURE Stynphore, typind or printed name of registered agent and title if supplicable (NOTE: Registered Agent signature required when reinstating) PILE; NOW: FEE: IS: \$61:25: 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE PITENGER, JACK L. STREET ADDRESS 2117 VIA PUERTO #B LAGUNA HILLS CA 92653 DATE Make Check Payable to Added to Fees Florida Department of State. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. CHARLES E. DREIT 34 CARDEN MALL CT. 1NG L/S, FL. 3 4449
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Suppliere, typind or printed righter agent and title if supplicable (NOTE Registered Agent signature required when reinstaining) FILE NOW: FEE IS \$61:25 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PITENGER, JACK L NAME PITENGER, JACK L NAME PITENGER, JACK L STREET ADDRESS 2117 VIA PUERTO #B LAGUNA HILLS CA 92653 (NOTE Registered Agent signature required when reinstaining) 9. Election Campaign Financing Addition Trust Fund Contribution. \$5.00 May Be Added to Fees Florida Department of State Florida Departme
Trust Fund Contribution. ☐ Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE P NAME PITENGER, JACK L STREET ADDRESS 2117 VIA PUERTO #B CITY-ST-ZIP LAGUNA HILLS CA 92653 Trust Fund Contribution. ☐ Added to Fees Florida Department of State CHARLES FOREIT STREET ADDRESS 24 GARDEN MP11 CT, CITY-ST-ZIP LAGUNA HILLS CA 92653
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TITLE VP TITLE 57 - MI Change Addition
NAME FLYNN, ROBERT J NAME JACK L. PITENGER
STREET ADDRESS 1302 MARCHAOUR LANE
MAURICE S LINTON
STREET ADDRESS 518 ONE CENTER BLVD. APT. 112 STREET ADDRESS 518 ONE CENTER BLVD. APT. 112
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701-2234 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701-2234
TITLE ST Delete TITLE D Change Addition
NAME LINTON, MAURICES NAME LINTON, MAURICES
STREET ADDRESS 518 ONE CENTER BLVD. APT. 108 STREET ADDRESS 1944 DETWILLER RD. BOX 72
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP CEDARS PA 19423
TITLE D Delete TITLE D
NAME LYLE, KENNETH G NAME RALLEWELLEN D.BS.
STREET ADDRESS 1944 DETWILLER RD BOX 72 CITY-ST-ZIP CEDARS PA 19423 STREET ADDRESS 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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TITLE D Delete TITLE D Change Addition NAME LLEWELLYN, RALPH E DDS NAME DAVE PAVIS
NAME LLEWELLYN, RALPH E DUS NAME VUANE VIANE
CITY-ST-ZIP TERRE HAUTE IN 47803 CITY-ST-ZIP MANISTEE, M1. 49660-9705

SIGNATURE: Thanks & Brit

CHARLES E. BREIT

^{12.} I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.