


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90200 034 ****61.25

DOCUMENT # N11957 1. Entity Name NAVAL AIRSHIP ASSOCIATION, INC.	
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Principal Place of Business 2547 HYDE PARK RD JACKSONVILLE, FL 32210	Mailing Address 2547 HYDE PARK RD JACKSONVILLE, FL 32210
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60002041



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1950 S.W. CYCLE ST.	01102007 Chg-NP CR2E037 (12/06)	4. FEI Number 59-2485920	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State PORT ST. LUCIE, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Zip 34953-1778			
Country	Country USA			

6. Name and Address of Current Registered Agent ALLEN, GEORGE, W 2547 HYDE PARK RD JACKSONVILLE, FL 32210	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HINRICHSEN, MARGARET 653 ALVARADO LANE COTTONWOOD, AZ 86326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROUWER, PETER F 1950 SW CYCLE ST PORT SAINT LUCIE, FL 349531778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINSON, EDWARD 2125 REYNOLDS SR. SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, GEORGE W. 2547 HYDE PARK RD. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASHFORD, ROBERT L 389 HARYARD CT NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHORTS, DONALD E 1495 MAIN ST CRETE, IL 604170481 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad

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 changed, or on an attachment with an address, with all other like empowered.

Peter F. Brouwer TREASURER N.A.A. 01/11/07 (772) 871-9379