2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007
Secretary of State

DOCUMENT# N14902

Entity Name: MILITARIA COLLECTORS SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

140 N.E. 55 STREET
FORT LAUDERDALE, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 343133
FLORIDA CITY, FL 33034 US

New Mailing Address:

3002 NW 116TH AVENUE
CORAL SPRINGS, FL 33065 US

FEI Number: 65-0117155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARQUETTE, RICKIE L.
14481 S.W. 289TH TERRACE
LEISURE CITY, FL 33033 US

Name and Address of New Registered Agent:

MCBRIDE, JIM
3002 NW 116TH AVENUE
CORAL SPRINGS, FL 33065 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: JIM MCBRIDE 07/13/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V/D ( ) Delete
Name: RIZZO, STEVE
Address: 1710 S.W. 97 AVE.
City-St-Zip: MIRAMAR, FL 33025

Title: P/D ( ) Delete
Name: MARQUETTE, RICKIE
Address: 14481 SW 289 TERR
City-St-Zip: LEISURE CITY, FL

Title: D ( ) Delete
Name: ADDE, TIM
Address: 2158 N.E. 183 ST
City-St-Zip: N MIAMI BEACH, FL 33179

Title: S/D ( ) Delete
Name: JACOBUS, JON
Address: 140 N.E. 55TH ST
City-St-Zip: FT. LAUDERDALE, FL

Title: D ( ) Delete
Name: LAMBERTO, BRUCE
Address: 3420 E 165 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: T/D ( ) Delete
Name: MCBRIDE, JIM
Address: 3002 NW 116 AVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JIM MCBRIDE T/D 07/13/2007
Electronic Signature of Signing Officer or Director — Date