


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N16012</b> 1. Entity Name EAA CHAPTER 866, INC.	
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Principal Place of Business 476 N. WILLIAMS AVE. TITUSVILLE, FL 32796	Mailing Address 4570 US HWY 1 MIMS, FL 32754
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**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2967998	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GILBERT, LAWRENCE 2002 MALINDA LN TITUSVILLE, FL 32796
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**DO NOT WRITE  
IN THIS SPACE**

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 <u>Larry E. Gilbert</u> <u>LARRY E. GILBERT</u> <u>2/6/2008</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE
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Filing Fee is \$61.25 Due by May 1, 2008
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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000000854251 03/26/08-80100-023 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILLMAN, DAN 5128 DORIAN AVE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, LAWRENCE 2002 MALINDA LANE TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAMMIS, STU 3155 KNOX MCRAE DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIERMAN, LARRY 4570 US #1 MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRANSTON, NEALE 2021 MALINDA AVE TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.
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SIGNATURE: <u>Larry R. Bierman</u> <u>LARRY R. BIERMAN</u> <u>2/6/2008</u> <u>321/267/6226</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #
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