2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000544

Jan 15, 2007 Secretary of State

Entity Name: CHAPTER 108 (CHOCTAW CHAPTER) EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

313 VAUGHN STREET 705 MATHIS LANE

FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32547 US

Current Mailing Address: New Mailing Address:

313 VAUGHN STREET 705 MATHIS LANE

FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32547 US

FEI Number: 59-2001634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NUNNERY, CHARLES C MORRISON, PATRICIA A 313 VAUGHN STREET 705 MATHIS LANE

FORT WALTON BEACH, FL 32548 US FORT WALTON BEACH, FL 32547 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: PATRICIA A. MORRISON 01/15/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: RIEDEL, DONALD Name: CARRIERE, JAMES

Address: 284 MONTANA AVENUE Address: 2567 HIDDEN ESTATES CIRCLE
City-St-Zip: VALPARAISO, FL 32580 City-St-Zip: NAVARRE, FL 32506 US

Title: VD () Delete Title: VD (X) Change () Addition Name: BUSH, LAWRENCE P Name: COSTABILE, GREG

Address: 8 BAYOU DRIVE Address: 114 NORTHERN PINE
City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 NUNNERY, CHARLES C
 Name:
 COLEMAN, BOB

 Address:
 313 VAUGHN STREET
 Address:
 7156 EAST GATE ROAD

 City-St-Zip:
 FORT WALTON BEACH, FL 32548
 City-St-Zip:
 MILTON, FL 32570 US

Name: MORRISON, PATRICIA Name: MORRISON, PATRICIA
Address: 705 MATHIS LANE Address: 705 MATHIS LANE

City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: FORT WALTON BEACH, FL 32547 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA A. MORRISON TD 01/15/2007