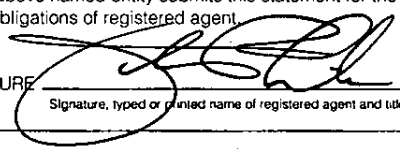


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90034 024 ****61.25

DOCUMENT # N94000002689 1. Entity Name EAA CHAPTER 1067, INC.					
Principal Place of Business 160 AVIATION DRIVE NAPLES, FL 34104			Mailing Address 160 AVIATION DRIVE NAPLES, FL 34104		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0541825	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PAULICH, JOHN III 5147 CASTELLO DR NAPLES, FL 34103				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 3-14-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP ☒ Delete QUIGLEY, JIM		TITLE	☐ Change ☐ Addition	
NAME	186 NORTH ST		NAME		
STREET ADDRESS	NAPLES, FL 34108		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DV ☐ Delete BROUSEAU, TED		TITLE	DP ☒ Change ☐ Addition	
NAME	160 AVIATION DRIVE		NAME		
STREET ADDRESS	NAPLES, FL 34104		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DT ☐ Delete PAULICH, JOHN		TITLE	☐ Change ☐ Addition	
NAME	2221 PINWOOD CIR		NAME		
STREET ADDRESS	NAPLES, FL 34105		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S ☐ Delete MCMANUS, JACK		TITLE	☐ Change ☐ Addition	
NAME	4136 RUTLAND DUNN		NAME		
STREET ADDRESS	OREGON, WI 53575		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	DV ☐ Change ☒ Addition	
NAME			NAME	LAMB, MICHAEL	
STREET ADDRESS			STREET ADDRESS	229 Mentor Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL 34110	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-06 239-261-0544

Date

Daytime Phone #